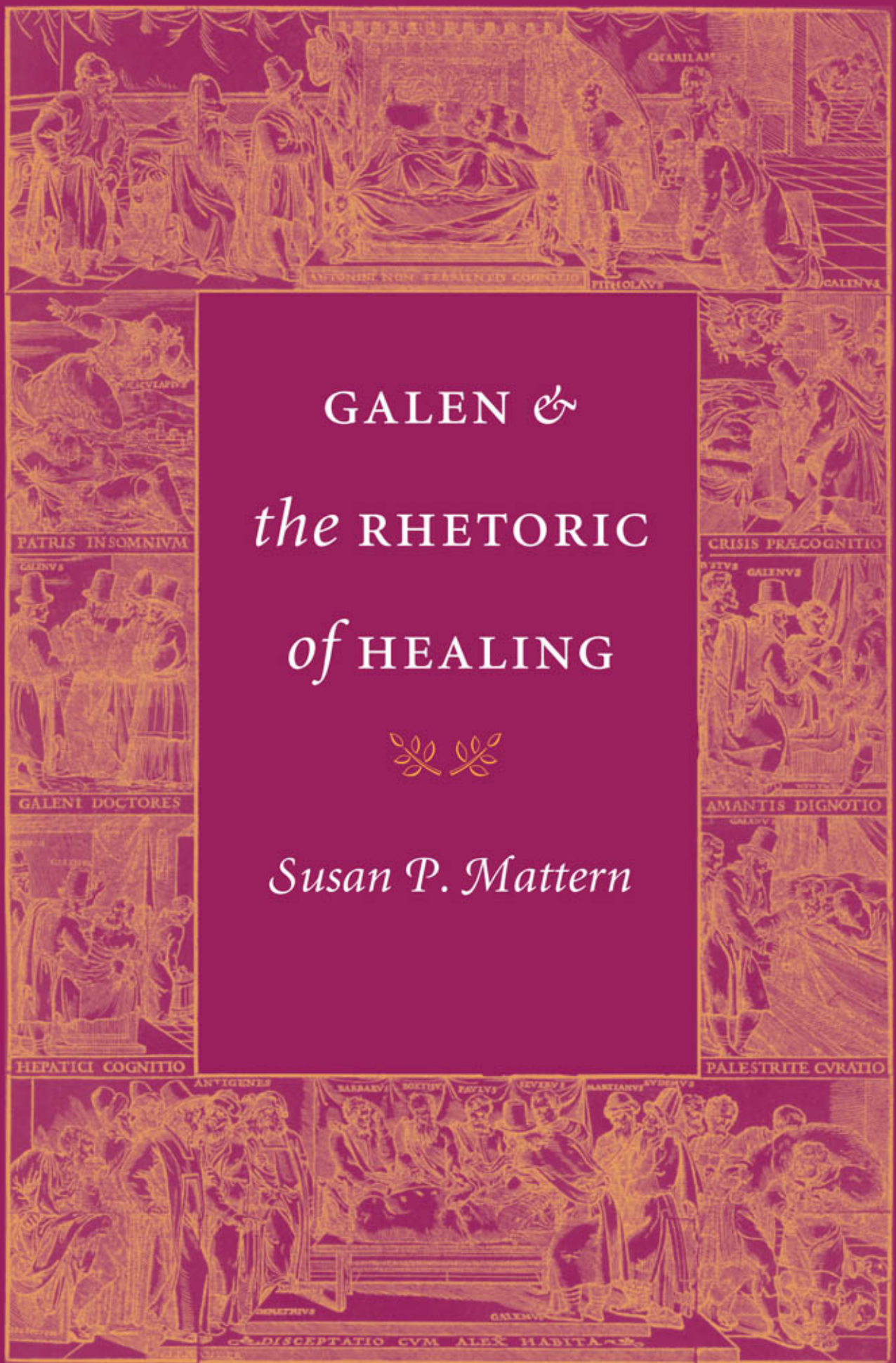

GALEN & *the* RHETORIC *of* HEALING

Susan P. Mattern

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Galen and the Rhetoric of Healing

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Galen and the Rhetoric of Healing

SUSAN P. MATTERN

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For Sam and Rachel

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In a passage from *The Hitchhiker's Guide to the Galaxy,* Douglas Adams explains that, because each object in the universe interacts through gravity with every other object, the entire universe can be extrapolated from a piece of fairy cake. Although I do not make such broad claims for the subject of this book, I often refer to Adams's fairy cake when explaining my approach to Galen. Biography—in the sense of scholarly focus on a single individual—risks irrelevance. Does it really matter what one person thought, wrote, or experienced? How do we know that that person was "typical"? The problem is especially important for ancient historians because there are certain individuals—Cicero, St. Augustine, or Galen—about whom we know a great deal. We cannot afford to dismiss or overlook such large bodies of evidence.

Our environment shapes who we are—our values, our character, our understanding. It also shapes what we do every day; almost every action, including writing, is taken with a view to its potential social consequences. Biography is rescued for the social historian by attention to these nuances, the invisible threads that connect the subject to the world around him or her. The subject is the fairy cake. The question is not whether he or she is typical but which pressures, assumptions, and social forces are reflected in that subject's surviving words. These can be very difficult to identify. I have not attempted, nor would it be practical, to show that each of the views I attribute to Galen is typical of his class or of any class; nor have I applied a formal method other than intuition and some basic principles of narratology to the task. Whether the results are convincing only the reader can judge, but I think they show someone enmeshed in a powerful set of values about social class, Hellenism, masculinity, friendship, family and household, and even individual identity.

It is easy for the modern reader, accustomed to think of Galen as an obsolete set of medical ideas, to forget that he treated patients. But he did, all his life. What we know—what he tells us—of his medical training as a youth suggests that he discussed patients with his teachers and observed and participated in therapies. What he tells us of his own students and friends suggests that he continued this tradition of teaching in which clinical experience (and practical experience in medical research, that is, dissection) was as important as the lengthy list of his own works that

he prescribed as a curriculum. To Galen, medicine was a vigorous, active, masculine practice like athletics or (on the ancient model) oratory. It was not abstract; it was about people or, to some degree, about the animals on which he ruthlessly experimented; it was a performance and a test. In this book, I do not discuss Galen's medical theories in detail, partly because they have been studied at length by other scholars and because they are often confusing and contradictory. Sorting them out would displace the book's focus on clinical experience. This is a book about healing and how the act of healing is represented, not about medicine.

My tendency to point out not only what Galen says but also what he does not say may surprise some readers. Thoughtful critics will suggest that the themes of investigation should be guided strictly by the ancient evidence; it should be unnecessary to characterize some themes as minimal or absent from Galen's work. But no author can banish modern interests from his or her scholarship, nor would this necessarily be desirable. Thus, despite the difficulties of discussing Galen's portrayal of female patients, for example, I have nevertheless attempted to do this, always with caveat that Galen's stories about women are mostly similar to his stories about men and that in general Galen does not seem very interested in women. Another complication is that Galen wrote a great deal, and he mentions almost everything at least once. One can find material to contradict any statement or to support any thesis; if the researcher's responsibility is to present all relevant evidence, he or she must also weigh the significance of that evidence.

Many institutions and people have supported my work on this project. I am grateful to the American Council of Learned Societies, the National Library of Medicine, the Center for Humanities and Arts at the University of Georgia, and the University of Georgia Research Foundation for funds that allowed me to take time off from teaching. Among the friends who have read parts of the manuscript and contributed their insights and support, I especially wish to acknowledge Heinrich von Staden and Ann Ellis Hanson. But this is in many ways an idiosyncratic project, for whose peculiarities I can only beg the indulgence of the reader.

Note on References: Appendix B is a table of the clinical stories I refer to, which I constructed in order to make references easier to read and less intrusive. Numbers in **bold** in the text and notes of this book refer to the stories in Appendix B; these references by case number are followed by volume and page number in Kühn's edition of Galen's works (or, if the treatise was not printed in Kühn, in the standard modern edition).

Galen and the Rhetoric of Healing

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The Stories in Context

A. We ourselves removed almost the whole [omentum, part of the membrane lining the abdomen] from a gladiator wounded in this way [i.e. with the omentum projecting from the wound]. The man was quickly restored to health, but he was so sensitive and easily harmed by external chilling, that he could not bear to have his abdomen uncovered, but always wrapped himself in wool. (**8**, 3.286K)

This passage, pedestrian in style but arresting in content, survives in the corpus of the western world's most influential physician, in the work he considered his masterpiece, demonstrating the unerring skill with which Nature has formed the human body. He departs briefly from a technical discussion of the anatomy of the stomach to describe an event from his own practice; hardly an elevated episode, for the patient is a humble gladiator with a grisly wound. Galen was not only a brilliant anatomist and prolific author of works on all aspects of medicine and many other subjects, but he also treated patients. His clinical practice was the foundation of his idea of himself as a physician. Hundreds of similar anecdotes—which I shall call "clinical narratives" or "case histories," though they lack the formal structure of modern case histories—are interspersed throughout his works.

Galen provides no context for the story, though the reader informed of the details of his biography would guess that it occurred in Pergamum, Galen's hometown in Asia Minor, between the years 157 and 161. During that time, he treated gladiators at the request of the city's chief priests or *archiereis,* some of its most prestigious officeholders.[1] The story, brief as it is, illustrates the complexity of Galen's clinical narratives. Read one way, it is the story of the patient—wounded, he undergoes a dangerous procedure, recovers perhaps against the reader's expectation, and becomes thereafter a sort of marvel or freak, permanently changed by the experience. Read another way, it is the story of Galen himself: faced with a shockingly and perhaps insuperably difficult case, he succeeds, against all odds, in healing his patient. (Galen draws attention to his achievement with his emphatic use of the first person, the grammatically unnecessary pronoun ἡμεῖς "we.") Though stylistically unassuming, the passage tells a good story. Although its grammar indicates a straightforward factual narrative in the first person (here as often,

Galen writes of himself in the plural) and the aorist tense, readers, including readers with medical experience or expertise, might question the veracity of some details.

It is not my purpose, or within my capabilities as a scholar, to attempt to diagnose Galen's patients or to speculate about the efficacy or inefficacy of his therapeutic methods. This is not a book about medicine. Rather, it is about a physician—Galen—and how he writes about his medical practice. I hope to describe certain social features of the practice, but even the short passage quoted at the beginning of this chapter illustrates that one must tread lightly when using Galen's stories as sources of historical information. They should not be pressed too hard for facts. Galen's stories are best used as evidence Yhow Galen perceived the world around him—his own situation as professional physician and his relationships with his patients, friends, and rivals.[2]

I. SOCIETY AND CULTURE
Galen's Life

Although Galen's stories are mostly vague about their context, they nevertheless reflect his experiences in the Roman Empire, and these stories are almost the only sources about his life because few references to him in contemporary authors survive.[3] Galen insists that he did not write to win fame or expand his reputation;[4] this claim is belied by the obvious value he ascribes to these things, with the result that his stories neglect what a modern reader might call his "private" life. In some ways, despite the numerous autobiographical anecdotes that survive in his work, we know very little about him. We do not know whether he was married, had children, or had siblings or foster-siblings, though this is likely. He does not mention his parents' names even though Galen revered his father and transmits a fair amount of other information about him. We do not know whether he was a Roman citizen, though this is quite possible.[5]

Galen was born in AD 129 at Pergamum, in Asia Minor. Pergamum was one of the ancient Near East's great Hellenistic cities, the former capital of the kingdom of Pergamum, which had been part of the Roman Empire since 133 BC. As Rome gradually absorbed all of the eastern Mediterranean and the kingdoms once held by the successors of Alexander the Great, its culture was transformed by the East's highly sophisticated Hellenic (that is, Greek), or Hellenized, traditions. The urban elite classes of the Near East continued to speak and write in Greek, and the Roman ruling class—the small group of senatorial families who held all its highest offices and the somewhat larger class of "knights"—also learned Greek, often as

their first language. An education in Greek literature became an indispensable marker of high social status.[6]

In the Roman period, Pergamum was one of the principal centers of Hellenic culture; in Galen's youth, the city enjoyed a period of renewal, and many temples were constructed or rebuilt at this time. These included a very famous temple of Asclepius, the god of medicine, who attracted pilgrims from far and wide seeking to be healed. Partly for this reason, Pergamum was a center for medical education, and Galen studied medicine there in his youth, beginning at age sixteen. It was perhaps Asclepius himself who guided Galen's father to this decision in dreams. Asclepius remained important to Galen throughout his life, and once saved him from what Galen describes as a dangerous abscess under the diaphragm when he was a young student in Pergamum.[7]

Galen continued his studies at Smyrna in Asia Minor, at Corinth on mainland Greece, and finally at Alexandria in Egypt, renowned for centuries as the Mediterranean's leading city in medical research, where he remained until 157. At twenty-eight, he returned to Pergamum, where the chief priest of the city—an office involving substantial public expenditure, held by men of the wealthiest and most prestigious families—chose Galen to treat the gladiators wounded in the public games that the priest supervised or sponsored.[8] Galen was also retained by the successive chief priests from 157 through 161. He first arrived in Rome, the empire's capital and its most populous city, in 162, where he practiced medicine in its highest aristocratic circles, and his clients included the family of Emperor Marcus Aurelius.

In 166, a pandemic swept the empire, reaching Italy with the army that returned with Marcus' co-emperor, Lucius Verus, from his campaign against the eastern kingdom of Parthia. Around this time, Galen left Rome abruptly for Pergamum, either because he had been planning to return home anyway and had become afraid that the emperors would detain him, or (as he writes elsewhere) he was fleeing the plague. But the emperors recalled him in 168 to join their army on campaign in Bohemia, and he met them and the army at Aquileia in northern Italy. Lucius died of the plague; Galen struggled along with its victims in Aquileia, and references throughout his work show that he continued to see cases of "the great plague" for many years. Galen escaped returning to the front with the army (he claimed that Asclepius had forbidden this, in a dream) and spent most of the rest of his life in Italy and especially in Rome. The biographical tradition in Arabic relates that he died at age 87. He mentions traveling to (or through) Thrace, Macedonia, and the island of Lemnos on his way to his second and final stay in Rome; trips to Athens, Cyprus, Lycia, and the Dead Sea are more difficult to date precisely.[9]

His unusually lengthy training in medicine, as well as in philosophy, geometry, and other subjects (which, as he argued, were indispensable to the study of medicine), as well as his extensive traveling and his prestigious practice in Rome, all suggest an individual of high socioeconomic status. He presents himself as an independently wealthy scion of a prominent family and appears to situate himself among the Pergamene ruling elite, the decurial class of the city that held its public offices and paid for its public buildings and spectacles. He maintained at least three separate estates, in Rome, in Pergamum, and in Campania in southern Italy. It is not clear to what extent, if any, he relied on his medical practice for income; he avoids the subject of fees, and in one passage he claims that he did not demand fees from his patients, though in another story he gladly accepts a large reward after curing a senator's wife.[10] However, defining Galen's social situation by a superficial recitation of biographical facts—all of which are recounted by Galen himself, for we have hardly any independent source for them—would be an oversimplification. Galen was very class conscious, and class is perhaps the most complex and pervasive theme in the stories discussed in this book. To reconstruct Galen's social values and self-image with the subtlety that the subject demands is one of the main tasks undertaken in the chapters that follow.

Diseases and Death in Rome

Galen is not an ideal source for the demography of Rome because the cases he records and the diseases he talks about probably do not statistically reflect his experience. He may write about certain types of patients or diseases for professional or cultural reasons, as I will discuss in chapters 4 and 5. Because the disease categories he used and his concept of disease were so different from modern ones, interpreting his descriptions of symptoms may be difficult. In addition, I lack the medical qualifications to make diagnoses. For these reasons, I have not attempted a medical analysis of Galen's work. However, much can be deduced from other sources about disease and mortality in the Roman Empire and especially in the city of Rome, where Galen practiced for most of his life. This background can be helpful in interpreting his stories.

It is difficult to generalize about mortality in the Roman Empire because ecological conditions varied so broadly; however, life expectancy at birth probably ranged between twenty and thirty years, which is in the lower registers of what is typical for preindustrial societies (or possible for a stable population).[11] Mortality was probably higher in urban areas than in rural ones, and it is fair to describe the

capital city of Rome as a "death-trap."[12] While Roman towns in general and the city of Rome in particular boasted facilities, such as sewers, public latrines, and aqueducts that were advanced compared with much of the ancient world, living conditions for much of Rome's urban population were wretched and unhealthy. Many of the city's tens of thousands of tenement buildings (*insulae*) were overcrowded, poorly ventilated, and in perpetual danger of collapse, especially when the Tiber River flooded, as it often did. Apartment buildings and houses—even those of the very wealthy—were hardly ever connected to the public sewers. Many houses and some *insulae* had unflushed latrines on the ground floor; others did not, and inhabitants used public latrines or garbage pits or heaps (which also might contain animal carcasses and the corpses of the poor), or they dumped their wastes (including, sometimes, human corpses) into the streets. Animals for sale were driven through the city streets, sold in the forum, and butchered in shops throughout the city. Only a few houses had a private supply of water; most people used public sources of water, which were more easily contaminated. Most Romans, including many of Galen's patients, also used public baths (though some of Galen's patients have private baths in their houses; see chapter 2). Galen and other medical sources prescribe bathing as part of the regimen for the sick. The Romans knew no method of disinfecting bathwater. Although many pools may have been continually fed and drained by overflow, this probably did not prevent the growth of bacteria, and references to the filthiness of bathwater survive in many sources. These conditions created the ideal environment for any of the innumerable diseases and parasites transmitted by vermin, insects, feces, fecally contaminated water, stray dogs (which roamed the streets and were notorious consumers of human wastes and dead bodies), or decaying corpses. Cholera, hepatitis, typhoid, dysentery, tapeworms, and tetanus—all very dangerous in premodern conditions—are just a few examples. The Romans also used lead for water pipes and some cooking implements (although lime deposits from hard water may have mitigated the noxious effects of lead water pipes).[13]

Malaria was perhaps the most deadly of Rome's endemic diseases. Gravestones attest that deaths in the city peaked sharply in late summer and early autumn, suggesting that falciparian malaria—the most lethal and, throughout history, most feared form—was a major cause of death; and recurrent fever is the disease Galen discusses most frequently and dramatically in his stories about patients. Topographically, Rome has many low-lying, poorly drained areas where mosquitoes could breed (some ancient sources describe its famous "hills" as more healthy). Many parts of the city considered noxious in early modern and modern times were

densely inhabited in antiquity, when its population numbered a million or more. It is possible or likely that most of the population was infected with falciparian malaria and that, being "hyperendemic," its normal victims were children under age five and new immigrants to the city. Although pulmonary tuberculosis is more difficult to track epigraphically, its classic symptom—coughing up blood—is well attested in Galen and in other literary sources. Tuberculosis tends to kill its victims in young adulthood. Deadly epidemics struck frequently—ancient historians sometimes preserve the record of a "plague year" in the city—and Galen and other sources describe an especially disastrous plague that arrived in Rome in 166 and swept the empire through the early 170s. Based on his description, most modern scholars identify this plague as smallpox; if that idenfitication is correct, it may have killed 30 percent of the city's population when it first arrived and possibly—though this seems less likely—remained endemic as a childhood disease after that. Among emperors and their families—whose ages at death are better attested than those of their contemporaries—life expectancy at birth was apparently in the mid-twenties. Emperors and aristocrats could afford to live in the safer (higher) parts of the city and leave town for their country villas during the most dangerous months; some had private baths and private water supplies, and being well nourished they were also less vulnerable to disease. Galen probably treated mainly the wealthy and their slaves and children rather than the urban poor (though his clientele is not as uniform socially as many have assumed; see chapter 4). But clearly even the wealthy were not safe from infectious disease nor did they enjoy a much longer life span than the general population in the city. Among the latter, comparison with better-known cities heavily infected with falciparian malaria places life expectancy at birth in the high teens. Deaths probably exceeded births in the city, and only massive immigration stabilized or swelled its population.[14]

Galen's achievement merely in surviving to his eighties should not be underestimated. Also, although many of his stories have a triumphant tone and few of his recorded patients die, it is safe to assume that the realities of his practice were much more grim. In every chill, in every "anomaly" or sense of something wrong, in every minor cut or injury lurked the shadow of sudden death. The stakes for which Galen competed when he practiced medicine could not be higher. The anxiety that must have tormented patients and their friends and families—and the physicians whose reputation depended on a cure—permeated the sickroom; competitive displays that might seem silly to a modern reader (see chapter 3) took place in an atmosphere whose intensity is difficult for us to imagine.

Galen and Greek Culture

It is difficult to understand Galen's works without considering the intellectual environment in which he wrote them. Scholars on Galen have rightly emphasized his place in the Greek cultural movement known as the "Second Sophistic." The term as used by scholars today describes a wide-ranging literary and social phenomenon of the Roman Empire in the first three centuries AD. The "sophists" were professional orators and teachers of rhetoric, often (like Galen) from the Hellenistic cities of Asia Minor, the center of Greek culture at this time. They delivered speeches before great crowds in enormously popular public performances that emphasized improvisation and rhetorical virtuosity; often they would solicit topics from the crowd and respond extemporaneously with a lengthy and technically impressive oration. For these performances, they could command huge fees. Like physicians, they considered their skill a *techne* (craft, art), which they taught to society's wealthiest aristocrats; only members of the very highest social strata could aspire to an education in rhetoric. Many sophists traveled widely around the empire's eastern half; some represented their cities as ambassadors to the emperor; some were friends with emperors or held high positions in the imperial bureaucracy; and some held lucrative and prestigious chaired professorships—filled by imperial appointment—at the great rhetoric schools in Athens and Rome. The sophists were among the empire's most famous and influential men (not women), and they competed with one another ferociously for prestige and students.[15]

The success of the Second Sophistic partly reflects the high prestige of Greek culture—or to use the Greek term, *paideia,* which could be rendered as "culture" or "education" today. The movement had a political dimension, for example, in its intense emphasis on Greek heritage and identity. Writers and speakers of the Second Sophistic looked backward to the classical period, and especially to Athens of the fifth and fourth centuries BC, as the font of Hellenic culture. Dilemmas or questions from classical Athenian history formed the subject matter for most sophistic speeches. Atticism—an attempted revival of the dialect of classical Athens—became a hallmark of sophistic rhetoric and of the cultural elite in general, so that many of the Greek texts produced in the period of the Second Sophistic affect this style. Through the mastery of classical texts, of rhetoric, and of Attic grammar and vocabulary one laid claim not only to a Hellenic identity but also to membership in the empire's urban intellectual and cultural elite. *Paideia* was a prerequisite for power in the Hellenic or Hellenized cities in which the sophists were born or educated and also for power among, or over, the imperial ruling class. The *pepaideu-*

menoi or "cultivated men" of the Second Sophistic often portrayed themselves as Greeks who stood aloof from the Roman ruling class or who influenced it through their superior cultural sophistication. Many stories circulated about sophists who advised or criticized emperors (and lived to tell the tale!). In fact, the *pepaideumenoi* of the Second Sophistic cannot really be differentiated from the ruling elite. Many were Roman citizens, and some held imperial office themselves, by inherited privilege or because of the prestige they achieved through their cultural accomplishments. By Galen's time, the Roman senate included many families of Eastern origin.[16]

In innumerable passages, Galen expresses intense disdain for the "sophists," characterizing them as shameless, contentious, intellectually and morally bankrupt babblers who value words over deeds, are incapable of making a logical argument, and have no respect for scientific truth. However, his works show the extent of his involvement in sophistic culture. Though he is critical of Atticism in many passages, he also claims expertise in Attic dialect, and his longest work, now lost, was a dictionary of Attic words.[17] Galen claims a broad education, and his works contain many quotations from archaic and classical Greek literature of all types. Besides countless references to medical and philosophical works, he also cites classical comedy and tragedy; epic, lyric, and didactic poetry (especially Homer); and the historian Thucydides. He wrote not only on a huge variety of medical subjects (including anatomy, epistemology, therapeutics, and pharmacology), but also on philosophy (including logic, epistemology, ethics, and commentaries on some works of Plato and Aristotle) and on language (including several works on usage in Old Comedy). His relationship to previous medical and philosophical literature is complex. Although he was profoundly influenced by Hellenistic predecessors, his stance toward them and toward his own contemporaries is usually antagonistic. Huge tracts of his work are dedicated to refuting the arguments of some predecessor or those of an entire medical or philosophical "sect." Like the sophists, he turned to the classical age—to the writers he calls the *palaioi,* "the ancients," especially Hippocrates, Plato, and to some extent Aristotle—as the authoritative sources of medical tradition. He poured enormous energy into the study of Hippocrates, frequently claiming that his professional success rested on nothing other than his superior knowledge and understanding of Hippocratic writings. He also worked to distinguish "genuine" treatises in the corpus that circulated under Hippocrates' name from those of the great physician's rivals or imitators, and produced vast commentaries on several Hippocratic treatises that resemble, in some respects, the Biblical exegeses of some Christian theologians in the century that followed. For

Galen, the "genuine" Hippocrates was virtually never wrong—though he might be cryptic, elliptical, or misunderstood.[18]

Apart from cultural influence, Galen also lived in the social world of the Second Sophistic. His claims to authority on a wide range of subjects, including grammar, philosophy, geometry, and literature, attempt to establish his credentials as a *pepaideumenos*—the sophistic ideal. By insisting that good medicine required a knowledge of these subjects—especially philosophy, which encompassed ethics, logical demonstration, and natural science—he tried to raise his profession to a high level of prestige. Some sophists were his patients, and many indicators suggest that they were his most valued patients and those with whom he most closely identified.[19]

The highly public and competitive, or "agonistic," atmosphere (*agon* means "contest" in Greek) in which Galen operated is also characteristic of the Second Sophistic. His cures of patients resemble competitive public displays, as chapter 3 will demonstrate; but Galen also performed publicly in other ways. He debated physicians and other professionals on medical points and describes others who do this; he also debated points of philosophy and language or technical terminology. In one passage, he challenges rivals with whose medical views he disagrees—he calls them "sophists"—to a contest "as though in a stadium" testing the efficacy of their cures for jaundice and dropsy, and he describes this hypothetical scene in some detail.[20] Perhaps his most important public performances were his anatomical demonstrations, in which he dissected or vivisected an animal before an audience. These could be very spectacular; for example, the voice of a screaming animal becomes suddenly silent when Galen severs or ligates the laryngeal nerves; for further effect, he unties the nerves so that the animal's voice returns. In an especially vivid episode at what he describes, inconclusively, as "a large public gathering where men had met to test the knowledge of physicians," he exposes the intestines of an ape and challenges the other doctors to the difficult task of replacing them in the abdominal cavity.[21] (In context, the story probably describes a contest wherein he was selected over other physicians as the doctor to the gladiators at Pergamum.)

These spectacles took place in the city's public spaces, often in or around its public buildings: dissections might be performed in baths, lecture halls, or possibly even in theaters. Philosophers could be found debating daily at the Baths of Trajan. At one time, Galen writes that his rivals "would not cease going to the Temple of Peace every day to mock me; for before the fire, it was customary for all those who practiced the rational arts to gather there."[22] The spectators participated enthusiastically. They heckle and laugh at Galen or his opponents; they also propose questions for discussion or for demonstration by dissection. (Galen calls these

problemata, the same word that described the topics proposed for improvised sophistic orations.) Members of the audience might join in the debate themselves, sometimes very aggressively. One opponent, seizing on an opening in Galen's argument, "began to laugh loudly and, aiming a glance at the bystanders, sprang into the middle" to challenge him.[23] Galen might address or criticize specific spectators; and some scenes describe him subjecting individuals in the audience to Socratic questioning. The atmosphere could become raucous; Galen describes disputants shrieking at one another "like fishwives" and bursting into tears, shaking their heads in frustration, or walking out with sour expressions.[24] In one passage, Galen describes a hypothetical debate over the technical terms describing different kinds of pulses that becomes so heated that "you think there is going to be some kind of fight; don't we see such fights frequently in the Temple of Peace, and even at the patients' [bedside]?"[25]

It is difficult to form a clear picture of the size or composition of these audiences. Galen often refers to them simply as "those present," "those listening," "spectators," or "those who happened to be present" (as at a public debate or spectacle, where anyone might attend). In one place, he suggests that a sophist's or philosopher's typical, everyday audience might number twenty or thirty individuals, but this could probably vary widely depending on the type of lecture, debate, or spectacle and its venue and on whether a crowd had gathered randomly outside the Baths of Trajan or the Temple of Peace to listen to a speaker, or whether an audience was attending a large, prearranged spectacle. If Galen ever gave anatomical demonstrations in "large auditoria," as his friends urged him to, his audiences could have been much bigger (the great rhetorical displays and debates of the Second Sophistic, despite their esoteric content, could attract mass audiences numbering in the thousands).[26] As for their composition, Galen often mentions cultured individuals in the crowd, probably because these are his most valued audience (though often he describes reducing individual "sophists" or philosophers to states of intense frustration and humiliation). Thus, an architect participates in a debate between two philosophers on the density of wood; physicians, sophists, and philosophers listen to debates on the relationship between medicine and gymnastic training, the errors of Erasistratus, or the typology of the pulse; philosophers and "intellectuals" observe Galen's anatomical demonstrations.[27] Among the spectators, one should also imagine Galen's "friends and companions," who are described later.

Some of Galen's written works had their origins in his public displays or in his more private lectures and demonstrations. Galen accompanied his dissections with a running oral commentary that explained to the audience what they were "seeing."

Enthusiastic observers sometimes sent tachygraphers—slaves trained in shorthand—to transcribe these anatomical commentaries, or Galen might work them up later himself as *hypomnemata,* "notes" or "memoranda;" the texts in turn could serve as guides for future demonstrations by those who studied them.[28] Lectures and debates could also be transcribed and published; he describes his treatise *To Patrophilus on the constitution of medicine* as "memoranda of things you have heard and about which you might be confused" (*Const. art.* 1, 1.224K). In his youth, Galen wrote up the arguments of a debate between two of his teachers as a didactic exercise. His treatise *To Thrasybulus on whether hygiene belongs to medicine or gymnastics* is a written version of a response Galen gave when its addressee posed the question as a proposal (*problema*) for improvised argument. *On venesection against Erasistratus* is a transcription, dictated to the secretary of his friend Teuthras, of his speech on a passage from Erasistratus' treatise *On bringing up blood.* Galen also wrote several lost works whose titles began with *Things said in public.*[29]

But texts not only resulted from public debates; any text, once composed, could form the basis for a debate. In the case of Erasistratus' work, Galen even describes a specific procedure:

> B. Once when I was speaking publicly on the works of the ancient physicians, a question was proposed about the [book] of Erasistratus *On bringing up blood;* and a pen was stuck [randomly?] in it according to the custom, and that part of the book was indicated, in which he rejects venesection. (*Libr. propr.* 1, 19.14K)

In another public display, Galen spreads out the books of previous anatomists before him and invites the audience to choose a part for dissection; he would demonstrate the correctness of any of his views against those of his predecessors. Galen published an account of these dissections called *On Lycus' ignorance of anatomy.*[30] In another episode, Galen's friends bring him the despised work of one Julianus, which he refutes in a six-day series of spectacular, improvised lectures; again, he later produces a written version of the speeches (*Adv. Jul.* 2.2, 18A.253K). Galen's written works were part of a much broader, largely oral environment of competition and debate.

Galen's Corpus

Galen's writings come down to us across a vast gulf. This is a gulf of centuries, in which the many dozens of treatises—approximately 170 separate works—that survive under his name were transmitted, translated, lost and recovered, forged, and altered. Finally, in some cases, his works were subjected to the rigorous process

of modern textual criticism that compares variant manuscripts, reconstructs stemmata or the history of manuscript transmission, resolves anomalies, rejects suspicious passages or entire works as spurious, and presents the reader with a version of the text that is clear and minimally problematic but of uncertain relationship to what Galen actually wrote. The complicated history of Galen's work, and the piecemeal and incomplete way in which it has undergone the last (modern editorial) procedure described, is reflected in the lengthy list of editions of his texts in Appendix A.

Scholars of classical literature will already understand that no original manuscript in Galen's hand survives, and the fate of his works during his own lifetime is obscure in some cases. Late in life, alarmed by the profusion of forged works circulating under his name—some of which made their way back to him—he published two catalogs of his works, *On my own books* and *On the order of my own books*.[31] In the late nineteenth century, Johannes Ilberg produced a chronology of his writings based on careful comparison of Galen's extant works with the catalogs he composed and on scrutiny of cross-references in the treatises themselves, for Galen often cites his own previous works; it is still definitive. But the task is very complicated: Many of the works Galen refers to have been lost; some fit his descriptions only loosely. Galen's list, intended to help detect forgeries, paradoxically inspired them, some roughly contemporary with his own time but several dating to the Renaissance; and certain treatises that Ilberg accepted as genuine have since been proved inauthentic.[32] Further complications arise because his works were damaged in at least two fires, including a famous conflagration in AD 192, which destroyed Galen's books as they lay in what he thought was fireproof storage on the Via Sacra, and some were completely rewritten later.[33] The form in which Galen's works were published is complicated: Many were written for friends at their request and handed over to them, and copies made from those originals subsequently circulated—a procedure quite normal in Roman antiquity. However, the result is that Galen had little control over the fate of the texts he produced. He complains that many published versions of his works circulated without his knowledge or assent, and that their users drastically altered some; some of these texts he corrected when they made their way back to him, so that two or more versions of a treatise might circulate at one time.[34] Galen's own attitude toward the written word is skeptical; to him a text is not a fixed phenomenon but something constantly in flux, subject to deliberate or accidental alteration, falsification, and deterioration (not to mention that the work might be ambiguous, unclear, or otherwise poorly written in the first place); it was something to be scrutinized, questioned and, if possible, corrected.[35]

Thus, the relationship between some of Galen's surviving works and their au-

thor is difficult to pin down. Much of what he produced is irretrievably lost; in his lifetime, he revised and even reconstructed some of what remains; over time, variations in the textual tradition attest to alterations as the works were recopied and finally typeset and printed; and the views of modern scholars on the authenticity of what survives are diverse and fallible. Although this confusion poses certain challenges for the historian, it is partly the result of the fact that we know more about the production of Galen's corpus than we do about other ancient writers; the problem of determining what an author "really wrote" is not confined to Galen or even to antiquity.[36] Also, the textual problems should not be exaggerated. The earliest Galenic papyrus—a fragment of *On the opinions of Hippocrates and Plato,* which dates to the mid-third century A.D., within a few decades of Galen's death—corresponds closely with the single fourteenth-century manuscript that survives.[37] Thus while it is possible than any individual passage might be corrupt, arguments based on a broad reading of Galen's work should be reliable.

At least six fragments of Galen's corpus on papyrus have been identified.[38] His writings played a central role in the intellectual history of the late antique and medieval world in Europe and the Near East. They were excerpted in the fourth-century medical encyclopedia by Oribasius; canonized in the medical curriculum of late antique Alexandria; translated into Syriac beginning in the fifth century AD and into Arabic as early as the eighth century; translated into Latin, from both Arabic and Greek, in the medieval West; canonized again in the curricula of the great medical universities in the high medieval period, when they also accumulated a large tradition of interpretation, elaboration, abridgments, glosses, and commentaries in all the great intellectual languages of that era, that is, Latin, Arabic, and Hebrew. In the sixteenth century, a number of new Galenic treatises were discovered (or forged) and a profusion of new and better Latin translations appeared. In 1525, the first collection of Galen's extant Greek works was printed; this, as the humanists hoped, would liberate him from his commentators and interpreters and allow for firsthand investigation of his ideas.[39]

It was also in the sixteenth century that Galen's intellectual primacy was challenged and eventually overturned; first by the famous anatomist Vesalius, whose great work *Fabrica* was both an homage to Galen and a criticism of him. Like the humanists, Vesalius believed that science could only be revived by returning to its roots in antiquity; in particular, it must be founded on the practice of dissection rather than reliance on textual authority—a view he attributed to Galen and other ancient physicians. However, Vesalius knew, and was apparently the first to realize and to make known, that Galen had not dissected humans; he made innumerable corrections to Galen's anatomical ideas; and he was merciless in his scorn for those

who followed Galen uncritically. An even more strident critic was the German mystic Paracelsus, who challenged tradition by teaching his own original works at the university in Basel—works based, as he claimed, on personal experience and not on the writings of others. He and his disciples emphasized the direct experience of, or rapport with, nature and the power of natural substances to heal. They rejected elaborate deductive reasoning, sophisticated rhetoric, and the reliance on textual authority as elitist (although some of these intellectuals idealized Hippocrates—not Galen—as a model of the spirit of empiricism). Paracelsian medicine was thus linked to social reform. Also, the practice of human dissection gradually revolutionized the science of anatomy; some of the anatomists' observations, and particularly Harvey's demonstration of the circulation of the blood, overturned and discredited Galen's most fundamental ideas about physiology. At the same time, new theories of physics undermined the Aristotelian system of four elements (earth, fire, air, and water) with which Galen's physiological ideas were closely linked.[40]

Clinical practice, however, did not change as quickly as ideas, and fundamental features of Galenic therapy remained traditional for a long time.[41] Of course, Galen also remained an important figure for the history of medicine. In 1821–33, Karl Gottlob Kühn published a massive twenty-volume collection of all Galen's known works in Greek, together with Renaissance Latin translations. Kühn's text, which mostly reprinted earlier editions of Galen's work without scrutinizing the manuscript tradition (a task that would have been far too time consuming for an individual to undertake) remains the standard edition of most of Galen's work and is still in print.[42]

Galen's Audience: "Friends and Companions"

Galen reflects more on the act of writing than any other ancient author: He not only tells us what treatises he wrote and when but also why he wrote them and for whom. The question of Galen's motives and audience is important to the successful interpretation of his works, and while it would be naive to assume that these were only or exactly what Galen describes, his comments are very interesting. He most often wrote, as he tells us, at the request or insistence of those whom he calls *philoi* ("friends") or *hetairoi* ("companions").[43] This was a point of pride for him: He wrote because he was asked or even compelled by his circle of supporters. Thus, for example, "You and several other of my companions are demanding that I recount, in memoranda, the things which you have often seen me accomplish with patients" (*Meth. med.* 7.1, 10.458K); "No book has ever been written by me, which

my companions did not ask for, especially if they were setting out on a long journey" (*Hipp. 3 epid.* 2 *praef.,* 17A.576K); "None of my friends in Rome admitted to having copies of the first two books [of his original treatise *On the composition of drugs by type,* which was destroyed by fire]; and therefore since my companions were pressing me to write the treatise again. . . ." (*Comp. med. gen.* 1.1, 13.362–63K). It is difficult to pin down what the difference between "friends" and "companions" might signify for Galen; some passages, including the one just quoted, suggest that the terms were interchangeable.[44]

While Galen's self-proclaimed reluctance to write is a pose adopted by many Greek authors of the Hellenistic and later periods, and his claims should not be taken at face value, nevertheless there is a great deal of other evidence that his written works are tied closely to his social relationships. Much of Galen's work was produced in an agonistic, or competitive, context and was intended specifically to refute or even to humiliate a rival or predecessor, even if in some cases he knew them only through their texts. His friends take an active role in these rivalries; thus, he states "I have written about these things because of the inane loquacity of recent physicians, convinced by the prayers of my companions, whom I resisted very much" (*Diff. puls.* 4.1, 8.696K); or mentions "the friends whom I obeyed when I wrote, in the first book [of *Commentaries on Hippocrates' third book of Epidemics*], certain refutations of those who commented wrongly on the [stories about] patients" (*Hipp. 3 epid.* 2.4, 17A.604K). One story describes how "some malicious people" spread the rumor that his anatomical treatises described things that could not actually be seen; Galen, as he writes, preferred to ignore them, but his "friends" begged him to prove himself in a public demonstration. The slanderers, meanwhile, attempted to provoke him by mocking him every day at the Temple of Peace. Galen finally surrendered to his friends' wishes and gave a series of demonstrations that he then published as a written text, also at their request.[45] Although Galen suggests that his readers should distinguish between works written to refute others and instructional works (*didaskalia, Libr. propr.* 2, 19.23K), his account does not facilitate this distinction; rather, it suggests that an agonistic environment lies behind most of his works, which were written for his friends, against his enemies.

Galen's work circulated outside the group of "friends and companions" for whom he produced them, and Galen probably had this in mind as he wrote. In general, his treatises do not draw on inside knowledge or private communications between friends in a way that would prevent a larger public from understanding them. Further, some passages specifically acknowledge a broader audience than the work's putative addressees; thus, for example, in *On anatomical procedures*

> C. I want to remind you of the things that are done by me next in their sequence, though I know that you remember them too. For, as I have remarked before, it is not likely that this work will be kept safe in the hands of my companions only, but will pass into the hands of many people; and some of them will be eager to criticize everything, and others to choose and learn the best from it. For their sake it is necessary to recall the things which are [already] known to my companions.[46]

I would like to arrive at some general sense of what this larger public was; but first, I believe the "friends and companions" for whom Galen claims to have written most or all of his works deserve more attention.

Like the sophists, Galen not only gave demonstrations and lectures in public (*demosiai*) but also taught "privately" (*idiai*). In particular, he calls on his readers as witnesses to dissections and vivisections that he has performed both in public and in private. By describing some performances as "private," Galen does not mean that his audience was a single individual but rather that it was small and exclusive; these demonstrations were not open to passersby as "public" speeches and spectacles would be.[47] In the same way, Galen draws a distinction between books he intended for publication and works produced for individual "friends and companions." It is not clear, however, which if any works belong to the former category; when he describes his audience for a specific work, it is nearly always one of "friends" or "companions." (Some comments in *On the usefulness of the parts* suggest that this is the best candidate for a "public" treatise, though he wrote it at Boethus' request and sent it to him when it was done.) The private reader, the private student or hearer or observer of his dissections, can tentatively be identified with the group of Galen's "friends and companions."[48]

The words *philos* and *hetairos* were very general terms. They could signify close social relationships; Teuthras is described as a "fellow-countryman and fellow-student of mine" (*polites, symphoitetes*) and as a companion and friend (*hetairos, philos*). Galen also refers to a man with whom he exercised in the gymnasium and followed a special, restrictive diet over a period of several years as a "friend," and he travels with "friends."[49] But one theme in Galen's relationship with his circle of friends and companions is didactic: Galen teaches them. Galen labeled several of his anatomical treatises "for beginners" and suggests reading them first, along with his great, lost work *On logical demonstration* and certain other treatises (*Ord. libr. propr.* 1, 1.52–53K). He explains that these treatises began as "[works] dictated for adolescents (*meirakioi*) just beginning to study, or given to friends (*philoi*) at their request"; he corrected the texts later, when they were returned to him after several years, and gave them their pedagogical titles (*Libr. propr.* 1, 19.11–12K). He also wrote

"introductory" treatises (εἰσαγωγικά βιβλία) on the anatomy of veins and arteries, and on the anatomy of nerves, along with his *Outline of empiricism,* for "a Platonist friend" (*Libr. propr.* 1, 19.12K). The Platonist is Antisthenes, named as addressee of Galen's extant treatise *On the anatomy of the veins and arteries* (*Ven. art. dissect.* 7, 2.804K).[50]

Like some other works I have mentioned, this one was composed as memoranda of dissections witnessed by the addressee ("things which you saw demonstrated on the body of an ape"; *Ven. art. dissect.* 1, 2.779K). These dissections played an important part in Galen's pedagogical relationship with his friends, including the consular senator Flavius Boethus. Boethus arranged Galen's first major series of anatomical performances in Rome—spectacular vivisections demonstrating the muscles and nerves involved in breathing and the function of the larynx—before an audience of intellectuals and high-ranking aristocrats, including other senators. After the demonstration, he requested a dictated transcript of Galen's oral commentary on the procedures; these were the treatises *On the causes of breathing,* in two books, and *On the voice,* in four books, both now lost.[51] In *On anatomical procedures* Galen describes his friend's "keen passion for anatomical displays" and writes that "with us he observed a very many things in a short amount of time," suggesting that Boethus was a frequent attendee of Galen's demonstrations (*Anat. admin.* 1.1, 2.215K). Other passages also invoke his circle of readers as witnesses to these displays (and some treatises were transcriptions of commentaries that accompanied demonstrations the readers had seen themselves). Some of these readers or "companions" participate in the dissections themselves or go on to practice their own dissections, or Galen says that they aim to do so; he may also refer to these anatomists as "students."[52]

On one occasion, some "ambitious youths" who have observed Galen perform dissections challenge one of his rivals to prove, in a public vivisection before a crowd, his claim that the arteries contain air rather than blood; in a dramatic gesture they deposit 1,000 drachmas with the spectators, since the rival anatomist had demanded a fee for his performance.[53] When the anatomist and one of his friends or followers (Galen calls him "one of the same gang [*choros*]") make a hatchet job of the experiment, the youths prove the opposite thesis with ease. In another story, some of "those who had observed the experiment from me" defend Galen's work on *Whether blood is naturally contained in the arteries* from false interpretation by a rival and prove Galen's thesis before a crowd of onlookers (*Anat. admin.* 7.16, 2.645K). On another occasion, the body of an elephant recently killed in the games offers a unique opportunity for dissection. Galen's entourage of *hetairoi* helps humiliate his rivals by proving, contrary to the assertions of the latter, that the ele-

phant's heart contains a bone; the "companions" participate in the dissection and touch the bone themselves and laugh at the ignorance of Galen's rivals (*Anat. admin.* 7.10, 2.619–20).

Galen's reference to a "chorus" of rival anatomists in one of the passages quoted above illustrates that other physicians, philosophers and intellectuals had coteries of friends and companions similar to his own. Galen describes at length a conflict between himself and the supporters of one rival: in a truncated debate, the other man

> D. straightaway seemed to his followers (θιασώται, a band of worshippers or revellers) to have spoken well; and leaving us there he departed in a big hurry, knowing, I imagine, that if he remained he would be proved wrong. The next day we gave a book to his chorus (χορευταί), in which he was reproached for the things he had said so rashly; and he was never afterwards so persuasive to them, being unable to invalidate its propositions. The following things were written in the book: "Yesterday you walked away from the discussion, behaving like a[n athletic] competitor (ἀγωνιστής) who seizes the crown and flees before the contest; but today you will not escape refutation. For this book will follow you, after coming into the hands of the chorus around you. Its argument is addressed to them no less than to you. . . ." (*Purg. med. fac.* 3, 11.332K)

Galen's assimilation of his rhetorical contests to athletic competitions as well as the prominent role of the circle of friends in this drama are telling. The story suggests that Galen is trying to win over his rival's friends with his argument. He places the book in their hands precisely to humiliate his rival in their eyes, an opportunity that he was deprived of, when the other man walked away from the face-to-face confrontation. The contest before spectators was a high-stakes encounter in which one could gain new friends or lose old ones.

I have suggested that Galen's concept of friendship combines, at a minimum, social and didactic functions. Although Galen occasionally mentions "students," and in one passage appears to distinguish "students" or "beginners" from "friends" (*Ord. libr. propr.* 1, 19.49K), it is apparent that no real distinction between these relationships can be drawn. The "friends and companions" learn medical science from his books, lectures, and anatomical displays, even as they also support him in his constant, highly public rivalry with other physicians. Thus, loyalty to Galen in these contests was a defining feature of the group. An example is Teuthras, the addressee of at least three treatises. He requests a written copy of one of Galen's speeches for use "in the examination of patients"—specifically, he wants to be able to refute the views of Galen's enemy Martianus in the sickroom. Another conspic-

uously loyal friend is Eugenianus, the addressee of the second half of *On the method of healing;* he is accustomed to "praise [Galen] immoderately among men."[54]

Galen's readers also visit patients with him. He includes Eugenianus among "all the other companions, who have often seen me practicing among the sick" and invokes him as a witness to several of his cures.[55] Epigenes, the addressee of *On prognosis,* takes part in the cure of Eudemus the Peripatetic philosopher in Galen's longest and most complicated story, the story of his first important cure in Rome. Both Galen and Epigenes advise Eudemus about bathing with a possible intermittent fever (**272**, 14.606K), and Galen invokes him constantly as a witness to the events he describes in this story.[56] The addressee of *On the method of healing to Glaucon* has also discussed and probably observed Galen's treatment of at least one patient.[57]

This Glaucon also illustrates the high level of culture that Galen attributes to the circle of "friends and companions" who form his readership. His ideal reader is educated in the classical tradition, in geometry, logic, astronomy, and music and might read Herodotus for pleasure; Galen laments that his work may fall into the hands of unworthy individuals, who, lacking the liberal education necessary to understand it, are likely to attack his views.[58] Glaucon is probably the same individual who appears in a famous episode from *On the affected parts* (**133**, 8.361–66K): He encounters Galen on the street and brings him to visit a sick friend, a Sicilian doctor; Galen astonishes them both with his amazing ability to diagnose the patient by the pulse alone. In this story, Galen describes Glaucon as a "philosopher" with a low opinion of medicine; but Galen apparently so impressed him that, later, he requested the brief therapeutic work that is addressed to him before departing on a journey. In *On the method of healing to Glaucon,* Galen also offers to give him two works in progress on pharmacology when he returns and installments of his long masterpiece *On the method of healing,* at that time still in the planning stages.[59] Glaucon is not the only philosopher in Galen's readership; I have also mentioned Antisthenes. Epigenes, too, is educated in geometry and logic. Boethus is especially conspicuous for his high level of culture: he is constantly in the company of Eudemus the Peripatetic and other philosophers, and Galen describes him as a devotee of Aristotle or a "philosopher in the school of Aristotle" and a man of admirable culture and learning.[60]

A few of Galen's addressees are known holders of imperial office, men of equestrian or senatorial status; Boethus is the most prominent example. Others include Victorinus, prefect of Rome and later consul, accomplished orator and friend of the emperor Marcus Aurelius; he is the recipient of a commentary on the Hippo-

cratic treatise *On regimen in acute diseases.* Galen claims that he wrote this only at Victorinus' repeated request, as though he knew the senator well. To Piso (perhaps L. Calpurius Piso, *consul ordinarius* of 175), he dedicated a treatise *On theriac,* expounding the virtues of this complicated drug and full of erudite historical references. The Bassus to whom Galen dedicates *On my own books* was probably the prefect of Rome in 193, friend of the emperor Septimius Severus.[61]

A question or problem that emerges from this discussion is to what extent Galen wrote for other physicians—were his "friends and companions" also "colleagues?" It is clear that physicians were among his readership and that some "friends and companions" were physicians. Galen wrote *On the method of cure by venesection* for "friends who are doctors" (*philoi iatroi*) but are reluctant to consult his monumental work *On the method of healing.*[62] The addressee of the second half of *On the method of healing,* Eugenianus, is one of "those who study medicine only" as opposed to those who pursue philosophy and other disciplines.[63] In another passage, Galen states that he wrote a "therapeutic work"—probably *On the method of healing*—for doctors, but *On matters of health* "for all those others, whom some call by the customary name of 'friends of physicians' (*philiatroi*), being in the early stages of the discipline, and exercising their intellects" (*San. tuend.* 4.5, 6.269K). Galen's very complicated treatises on the pulse also are aimed at a professional audience to some extent: he states that he wrote *On the differences in the pulses* for doctors and philosophers; *On diagnosing pulses* and *On prognosis from the pulse* for doctors; and *On the causes of the pulse* for philosophers (*Dign. puls.* 1.1, 8.766K). As a youth in Pergamum, he wrote one of his earliest works, *On the anatomy of the uterus,* for a midwife (this is the only treatise addressed to a woman; *Libr. propr.* 19.16K). *On the usefulness of the parts,* he writes, was widely read by both physicians and Aristotelian philosophers.[64] It is possible or likely that some of Galen's named addressees—Teuthras, for example, and Eugenianus, as I have mentioned—were professional physicians.

However, it is also clear that Galen did not write strictly for other professionals, and that he does not always or consistently differentiate his professional from his nonprofessional audience, despite the distinction he draws in one passage (quoted earlier) between "physicians" and amateur "friends of physicians" with less sophisticated medical knowledge. For Boethus, a Roman senator who could not be a physician, he wrote what must have been a very technical treatise, in four books, on the anatomy of the voice; also, Galen addressed lost treatises on Hippocratic anatomy and Erasistratus' anatomy to Boethus; and when the ex-consul departed Rome for his governorship of Syria Palestina, from which he never returned, he took with him the first six books of Galen's (extant) treatise *On the opinions of Hip-*

pocrates and Plato and the first book of his great physiological masterwork, *On the usefulness of the parts.* The completion of both works was delayed by the departure of the patron who had asked for them, and because Galen left Rome for Pergamum at about the same time (*Libr. propr.* 1, 19.15–16K). Glaucon, a philosopher who is probably not a physician or "medical student," is expected to be interested in *On the method of healing,* a massive work, daunting even to Galen's colleagues. In several passages, Galen describes the audience for a treatise as comprising both doctors and philosophers; those who considered themselves professional physicians and intellectuals who did not.[65] One educated layman (or *philologos*) is able at a glance to identify a work circulating under his name as a forgery (*Libr. propr. praef.* 19.8–9K). Clearly, one could be a member of Galen's entourage of "friends and companions," could be the recipient or reader of didactic and technical treatises, and could be highly knowledgeable about medicine without being a physician or a preprofessional student of medicine. That a friend visited patients with Galen, performed anatomical dissections, or mixed and dispensed drugs is not necessarily conclusive,[66] as I shall show in the next section.

Professionalism and Social Status

Galen's "friends and companions" were sometimes his students. Some were colleagues, fellow-physicians; some of Galen's friends were his patients. All of this suggests that friendship and professionalism—Galen's identity as a practitioner and teacher of medicine—were interrelated. I have shown how Galen's companions supported him in his public rivalries with other physicians and philosophers. This agonistic model of friendship may be an essentially Greek one.[67] The way friendship was understood among the Roman ruling class (to the degree that this was distinct from the Hellenized urban elite) can add depth to the picture; in combination with Galen's own works, they suggest two alternate views of the role of the physician in elite society.

The terms "friend" and "companion" are, as I have mentioned, nonspecific in both Latin and Greek and covered a wide range of relationships. Among the ruling class, the word "friend" could signify someone with whom one exchanged favors (political, financial, or social), loyalty, and gratitude. Prestige is an essential element in such negotiations and is defined by the subtleties of the exchange; the word "friend" could describe someone of higher or lower (or roughly equal) status and was deliberately ambiguous on this point. Thus, friendship was an essential element in the system that scholars today usually call "patronage" or "clientela," though the Romans reserved the terms *patronus* and *cliens* for certain narrow cat-

egories of dependency within this system (a freed slave was the "client" of his former master or "patron," for example).[68] An aristocrat's "friends" formed a large part of the crowd that was an essential, defining feature of his social status. This crowd of friends frequented (even thronged) his home, especially in the morning, the customary time for the *salutatio,* or morning visit; and when he appeared in public, they accompanied him as an entourage, or *comitatus.*[69] The Greek equivalent of *comes,* or "companion" was *hetairos.* Thus, the Hellenic group of "friends and companions" had its own iteration among the Roman aristocracy, nor are the two phenomena completely distinct. The Romans had long been influenced by Hellenistic civilization, and many members of the Roman ruling class were Greek. But friendship *could* imply a degree of dependency and hierarchy that is not so obvious in the references from Galen previously discussed. For example, both Roman emperors and Hellenistic kings relied on an entourage of advisers called "friends" (*philoi, amici*) or, when they traveled together (as for example on campaign), "companions" (*hetairoi, comites*). In these obviously unequal relationships the monarch had much more power and status than the "friends" around him.[70] But even if Greeks and Romans understood friendship as a negotiation of status and exchange of benefits, it does not follow that friendship had no emotional element; in fact, such systems may require affective bonds in order to work well or at all.[71] Galen himself has little to say about the emotional aspects of friendship, although emotion is an important theme in many stories, as I shall show in chapter 4.

As Galen's works suggest, it was not unusual for aristocrats to count physicians among their entourage of "friends and companions." These relationships might vary widely in their level of dependency, just as the social status of those who called themselves "physicians" runs the entire gamut from slaves to freeborn citizens or even Roman knights. Some of the same behavior that might enhance prestige by advertising a physician's close association with a person of high social status—paying morning visits, dining frequently at his friend's house, accompanying him in public, and traveling with him, for example when he set out to govern a province—*could* also signify dependency and inferior status.[72]

Many physicians were slaves in aristocratic households; as freedmen, they also formed part of their patron's entourage. By law, they were required to heal their patrons and their patrons' friends for free. There was thus an uneasy relationship in Roman society between professionalism and slavery. In Rome, where Galen practiced for most of his life, most people who identified themselves by their jobs, for example on their epitaphs—professionals in the most fundamental sense—were slaves or freedmen (including many doctors).[73] Even outside of the enslaved or

freed classes, dependency on aristocratic benefactors was a feature of professionalism for many physicians.

Greeks especially debated the nature, status, and hierarchy of the *technai,* the arts or skills, and Galen was a major participant in this dialogue. He rejects the image of the physician as dependent or "client" to an aristocratic "patron." He excoriates physicians who visit wealthy aristocrats in the morning, escort them around the city, flatter them, and travel with them frequently. He found an excuse to avoid traveling with Marcus Aurelius on campaign as part of his retinue. On the subject of doctors who were slaves or freedmen, he has practically nothing to say, except to deride the detested Methodist Thessalus and his like for training slaves for aristocratic households.[74]

Rather, Galen proposes a model of the physician's social status that blurs the distinction between cultured aristocrat and professional doctor. By this, I do not mean to imply that the concept of professionalism was foreign to him or that he recognizes no difference between professional and nonprofessional, for this is far from the case. He refers to individuals, including himself, as *iatroi* and contrasts them with laymen (*idiotai*).[75] He devotes considerable space to defining the nature, aims, and subject of his art.[76] He contrasts doctors who advance their station by dubious and mercenary social methods with those who succeed through their training in philosophy, geometry, and other disciplines, their knowledge of Hippocrates, and their proven skill in anatomy, prognosis, and therapy.

However, as the last sentence suggests, Galen's image of his *techne* as distinct from *paideia* in general is not clear-cut, and on scrutiny, he appears deliberately to blur the line between physician and well-educated aristocrat. Galen describes medicine as one of the "rational" and "noble" arts in the company of geometry, mathematics, philosophy, astronomy, and music; that is, he places it among the "liberal arts" that were the foundations of *paideia* and appropriate subjects of study for anyone pretending to culture.[77] Galen groups doctors with grammarians and rhetors, the educators of the Greco-Roman world, and "any Greek person . . . anyone whatsoever who lays claim to learning" (*Adv. Lycum* 4, 18A.219K). Socrates, Homer, Plato, and Hippocrates were all practitioners of *techne;* Hippocrates, as Galen argues, was an expert in geometry, rhetoric, music, and astronomy.[78] Galen claimed expertise in geometry, logic, language, and philosophy; he considered himself a philosopher as much as a physician and claimed that Eudemus knew him by reputation as a philosopher who "pursued medical matters as a sideline" (**272**, 14.608K). (Other sources confirm that Galen's reputation in philosophy equaled his medical reputation in his lifetime.)[79]

Galen insists that all good physicians are liberally educated *pepaideumenoi* like himself; but alas, he laments, too few of them fit this description. In particular, he sneers at Thessalus (who lived in the first century AD), founder of the detested Methodist school, who neglected geometry, astronomy, music, and rhetoric and thus reduced medicine to the status of crafts like shoemaking, dyeing, and wool weaving. Thessalus' own father was a weaver, as Galen points out several times; while Galen's father, like himself, had a broad training in the liberal arts. Far from the idea that *techne* is sordid in character, Galen is antiquity's most eloquent promoter of the image of the divine principle, Nature itself, as the perfect craftsman. He especially considered the teleological aspect of medicine—the idea of an intelligent creator behind the design of animals and their parts—to be a philosophical subject. Nature is the original physician that creates and heals, and the doctor, in this ennobling view, is the assistant of Nature.[80]

Is Galen's argument only a case of special pleading, or did others share his lofty views of medicine? There is substantial evidence outside of Galen's work for the high prestige of medicine in the literary culture of the Roman Empire.[81] In a passage closely resembling Galen's argument about the relationship of medicine to philosophy and the liberal arts, Plutarch's *Advice on health* (composed in the late first century AD) begins by deriding a physician named Glaucus as insufficiently versed in philosophy; the speakers agree that every philosopher should be "physician-friendly" (*philiatros*), just as they should also be educated in geometry, dialectic, and music, and that medicine ranks inferior to none of the "liberal arts" in elegance and dignity. Some of Plutarch's own friends were doctors.[82] Roman law granted the coveted privilege of immunity from certain taxes and civic burdens to grammarians, rhetors, philosophers, and doctors. Honorific inscriptions praise doctors for their culture and education. The works of several aristocratic laymen of the first and second centuries AD, but especially those who were contemporaries of Galen, display medical erudition or a keen interest in (some might say obsession with) health and medical matters.[83]

Galen argues that every aristocrat should have an education in medicine. He excoriates wealthy men who are crammed with erudition but do not understand their own bodies, who are incapable of examining and choosing physicians based on their skills and medical knowledge, and who lack the technical sophistication of their own slaves.[84] His treatise *On theriac to Piso* praises its senatorial addressee for his interest and expertise in medical science and suggests that Galen regularly discussed medical topics with him (*Ther. Pis.* 1, 14.210–12K). Galen declares that aristocrats should visit patients as part of their own education in medicine (*Opt. med. cogn.* 13, 28–30 Iskandar). He implies that it is everyone's duty to visit, advise, and

aid in examining and treating a sick friend (tasks at which athletes, with their perverse lifestyle, are incompetent; *Thras. med. gymn.* 46, 5.894K). He insists that not only physicians, but also philosophers benefit from the anatomical knowledge that dissection provides and reminds his readers that among "the ancients" both philosophers and physicians practiced dissection.[85] The audience he imagines for his anatomical dissections, public debates, and written works is both lay and professional.

Galen also mentions lay aristocrats who visit patients and even practice medicine: An arrogant youth visits one of his patients and criticizes his diagnosis; a wealthy "medicine-loving" man enjoys treating his own slaves but incompetently; the emperors Severus and Caracalla treat several patients themselves; a senatorial father helps with the treatment of his son after a dangerous accident. Galen describes the latter two examples in blatantly panegyrical passages; praising his subjects' medical skill is a way of flattering them.[86]

Thus, the "friends and companions" who visit patients with Galen are not necessarily physicians or preprofessional medical students; they may be aristocratic amateurs of medicine. Laymen in faraway provinces heal themselves and others using prescriptions obtained by correspondence; it is not necessarily true that the *hetairoi* for whom he wrote his very technical works on pharmacology are professional physicians. The aristocratic laymen who observed Galen's anatomical performances may also have practiced dissections. Galen refers to those who performed dissections based on his training only as "companions," "youths," and "students."[87]

Galen's argument blurring the distinction between the sophistic *pepaideumenos* and the professional physician is tied to questions of Hellenic culture and identity. Most known professional physicians in Roman antiquity had Greek names, and medicine as a science and profession was associated with Greeks.[88] This point can be illustrated by the subtle contrast between Galen's argument and that of Aulus Cornelius Celsus, who wrote in Latin in the early to mid-first century AD. Celsus—about whom little is otherwise known—composed an encyclopedic work on the arts that included books on agriculture, military science, rhetoric, and medicine (and possibly other subjects); only the eight books on medicine survive. He often proclaims his own opinion in the first person and describes therapeutic practices in detail; based on these references, on his high level of expertise in medical science (he cites dozens of previous authors), and on a close reading of certain passages, some scholars have argued that he must have been a physician.[89] Others have argued that although Celsus clearly understands Greek medicine not only as an art (*ars*) but also a profession (*professio*), he avoids describing himself as a physician and distances himself from the idea of professionalism and from Hellenic culture

in general. He does not idealize the sophistic image of the cultured aristocrat but rather the traditional Roman conception of the gentleman-farmer who led armies, heard cases, and treated his own household for medical problems using the herbal, "folk" remedies attested in some Latin sources, holding the idea of professionalism in disdain.[90] The argument must remain inconclusive: so subtle is the distinction between professional and amateur in Roman aristocratic circles of that time.

Celsus chose to write in Latin rather than Greek, although he was probably bilingual; and some of his arguments reflect this different cultural alignment. If Celsus subtly looked down on the "profession" of medicine while claiming mastery of medical science, Galen, as I have shown, adopts the different approach of suggesting that the excellent physician is identical with the educated gentleman steeped in the highest disciplines of Hellenic culture. There was no homogeneity of opinion about the status of the physician. Clearly, Galen's description of his own social situation, and of the position of physicians in society, was an ideal rather than a reflection of what everyone thought; rhetorically, some of the elite could still describe the practice of medicine as the mercenary and degrading province of foreigners and inferior social classes.[91] But Galen's arguments cannot be dismissed as "special pleading," since there is outside confirmation for some of them. In fact, it would be surprising if Galen chose a method of social self-promotion for which he found no support among his target audience; after all, a career as a gentleman-philosopher was open to him.

Galen wrote on innumerable subjects; he wrote long synthetic works, "memoranda" of lectures or demonstrations, introductory and didactic treatises, commentaries, lexica, "exercises," polemical treatises, catalogs of prescriptions, and so on,[92] all for different purposes; nevertheless, he categorizes the readers of all of these works as his "friends and companions," of which it is possible to form the following picture. They are highly educated men, including some who styled themselves professional physicians and others who did not. The latter category included "philosophers," that is, the Hellenic or Hellenized cultural elite, representatives of Greek culture in its most prestigious manifestation; and some members of the Roman senate, that is, the ruling class. They attend his lectures and anatomical demonstrations; praise him and support him publicly; and attack, heckle, and humiliate his enemies, also publicly. They visit patients with him, and they solicit, read, and publicize his books. Although Galen knows that his treatises will circulate beyond this group, and he keeps this in mind as he writes, none of his works is specifically addressed to, or written for, a wider public that might include people of substantially different social background. It is likely that he imagined his wider public as composed of people like the "friends and companions" who are the im-

mediate audience for all of his books. Though Galen interacts with people of all classes, his perspective is that of the sociocultural elite among whom he lived and worked.

Galen does not explicitly refer to any individual member of his entourage as a "doctor" and may deliberately avoid this; to attempt to identify "colleagues" and "students" among Galen's "friends and companions" is futile because he rarely distinguishes between these categories. That some of them request or read technical medical works, study anatomy, visit patients, or even practice medicine does not necessarily make them professional physicians (Galen himself is mistaken by Eudemus for a learned amateur), and it would be misleading to categorize them as a class of medical men distinct from the empire's cultural or ruling elite.

Thus, despite his open disdain for certain social norms characteristic of the Roman aristocracy, Galen moves among an entourage that resembles a senator's coterie of dependents; he should not be imagined working or appearing in public alone but always accompanied by a group of friends, without whom he would be at the mercy of his enemies. Galen might also be perceived as a dependent himself, for example in his relationship to Boethus; for the social dynamic assigning relative rank to participants in "friendships" was very subtle, and Galen exploits its ambiguities.[93] His mastery of medical science was his social leverage. The prestige of medicine among the Greco-Roman elite classes, which Galen not only takes advantage of but also promotes, allows him to claim the position of educator among them; that is, he possesses of a gift for which they must compensate him with their loyalty, support, and public companionship. Galen's works are tied to the complicated dynamics of his social situation.

II. NARRATIVE AND MEDICINE

Despite science's traditional disdain for the anecdote, storytelling plays a crucial role in medicine, even (or perhaps especially) today. Some medical stories do the moral work of addressing the human, psychological dimensions of illness and healing. They are the means by which patients explain and come to terms with their illnesses and the life- and identity-changing results of illness; they help health professionals to cope with the social dimensions of therapy, such as the patient's motivation or the attitudes of the patient's family; and they offer a framework for considering ethical questions.[94] Also, a surprising amount of medical knowledge is communicated in narrative form: in the first place, because physicians depend on the patient's own narrative, or "history," for clinical information. "Rounds," in which residents and medical students present specific cases, are fundamental in

medical education; patient records and published case studies preserve other forms of clinical narrative. Narrative in medical training is related to the role of clinical experience; narrative is the nexus between abstract scientific theory and the bafflingly unique circumstances of the individual case, which only experience can help to decipher. Case histories reduce a confusion of symptoms and potential diagnoses to a clear-cut outline of cause, indicator, diagnosis, treatment, and outcome. They also reflect the social values and assumptions that shape medical thought in every age, especially in how they characterize the patient. Some types of clinical narrative—"rounds," for example—are performed orally before audiences and have a theatrical element.[95]

Because case histories are a common feature of western medicine in most periods, and because they offer unique information on aspects of medicine not illuminated by more theoretical works, they have been exploited for social history, especially in recent decades.[96] Historians' emphasis on medical narrative—like the social and anthropological studies previously described—is part of an effort to locate medicine in its context, rather than treating it as a pure science or abstract set of ideas. Historians have mostly focused on the modern and early modern periods when patient records and case histories are especially abundant; but a few have examined ancient case histories, especially the Hippocratic *Epidemics,* which I shall discuss next.

Hippocratic Case Histories

The earliest medical literature in Greek is the collection called the Hippocratic Corpus, which was mostly composed in the fifth and fourth centuries BC. The seven books called *Epidemics* are composed largely or entirely of case histories. These stories differ somewhat in form and content among the various books. They have in common a rhetorically unsophisticated and minimalist style, a tendency to focus on specific observations rather than on abstract ideas or logic, an effacement (more prominent in some books than in others) of the author, a tendency to organize chronology around days of the illness (this is very rigorous in books I and III), and an assumption, also attested elsewhere in the Hippocratic Corpus, that disease is connected with the weather, climate, and seasons. They also share an implicit (but not explicit) theory of disease that characterizes fevers by their periodicity (tertian, quartan, etc.) and predicts turning points, or crises, on particular days. Other prominent themes are the coction of harmful substances or their failure to "cook" and the deposit (as in an abscess) or excretion of harmful substances. They tend to

focus on certain symptoms, for example those having to do with bodily fluids, that are consistent with these theories and with a vaguely (and somewhat various) "humoral" view of the body. Two books, *Epidemics I* and *III,* are more detailed, more typologically consistent, and more exclusively focused on the record of symptoms than the others; Galen considered these the best, oldest, and most genuine of the books of *Epidemics,* and the only ones composed by Hippocrates himself. This view has prevailed even in modern times, as scholars have tended (perhaps wrongly) to see books I and III as the standard from which the others all deviate.[97]

The profile of patients in the *Epidemics* is ecumenical: both sexes, all ages, and a variety of social classes and situations (married women, widows, unmarried girls, craftsmen, athletes, and slaves; less frequently, agricultural workers; and one female "barbarian") are represented. Analyzing the names of patients, which are usually reported, suggests that the Hippocratic physicians often treated members of the same family as household physicians. More than half of the cases described in books I and III (which typically report the outcome) are fatal.[98]

Like other Greek texts of the classical period, these treatises are examples of the early use of prose in a world where oral communication was the normal way of transmitting information. Some scholars have emphasized the atmosphere of public, verbal debate implied for many Hippocratic treatises, and some were probably composed as public speeches. It is true that writing played a crucial role in the development of Hippocratic medicine—medicine was a craft that depended partly on writing and not only on memory, observation, oral sources, logic, and invention. Many Hippocratic treatises directly quote one another, showing that their authors read the other texts.[99] However, it is important not to project modern views of the function of writing in medicine back onto the *Epidemics.* In particular, some scholars have read or characterized the *Epidemics* either as "case notes" or as selections from case notes, suggesting records of their own observations, kept by physicians during the course of treatment for their own reference.[100] It is more likely that the *Epidemics* represent stories used as teaching tools—as a way for physicians to share experiences—and not patient records.

For example, why do the authors of the *Epidemics* name patients? The most likely reason is to make it easier to refer to individual stories later, for example when illustrating a more general point or when teaching or debating with colleagues. Not all patients are named; some are identified by their relationship to another named individual, by where they lived, by their profession, or by their condition. But virtually all stories in the *Epidemics* begin by identifying the patient in some way, and they could be evoked by the patient's name or some other descriptor. Sometimes

the authors of the *Epidemics* refer briefly to patients by name without telling the story, for example:

> E. Most died of these diseases on the sixth day, as Epaminondas and Silenus and Philiscus the son of Antagoras (*Epid.* 1.21, 1.78 Loeb).
>
> F. She got by on one meal a day, and she didn't vomit the same kinds of things as Charion (*Epid.* 2.2.1, 7.30 Loeb).
>
> G. For some the stomach is inflated (with gas) when they have sex, as for Damnagoras (*Epid.* 6.3.5, 6.236 Loeb).

In these cases, it is a reasonable guess that the audience knew the stories the author refers to; that is, the stories circulated separately as part of a general store of knowledge. It is easy to speculate that they circulated in oral as well as in written form and that periodically they were gathered together and joined with examples from the author's own practice to form the collections that we have. There are some indications that the individual books of the *Epidemics* are not diaries of a single physician's practice. For example, some of the stories appear twice in separate books by different authors. The stories in the second half of book V are also collected in book VII. One story is told at length in book IV but referred to briefly in book II, the story of Timenes' niece, and there are a few similar cross-references. Few stories use the first person, and of these, fewer still indicate conclusively that the author treated the patient in question. The physician does not appear in the vast majority of stories. A few stories suggest that the doctor's own involvement is exceptional and that most stories are not about his own patients; for example, "the man hit by an arrow in the groin, whom we had seen ourselves" (5.46; 7.186 Loeb, 22 Jouanna) or "These were the features of the urine, which I saw myself" (1.4, 1.194 Loeb). In some stories, patients are clearly being treated by other physicians; some suggest that the author observed the events firsthand, while others make no such suggestion and the author may have heard or read them somewhere else. Some books contain stories from many different cities, as especially the first part of book V, which appears to be organized geographically. This does not necessarily mean that a single itinerant physician observed them all; it is equally possible that some stories were transmitted with a tag about their place of origin, again either to help identify the cases or because climate was considered relevant in medical theory.[101]

It is easy to see the reasons for writing case histories as opposed to relying entirely on oral transmission. Many stories contain features that are hard to remember, most notably those that are organized chronologically by days. Lists of symptoms are also hard to remember and form a prominent part of many books.

However, the terse style of most books is explained if the written versions were aids to memory where the stories were mainly transmitted orally, as, for example, in teaching or in debate.[102]

Although most of the stories in the *Epidemics* focus mainly or exclusively on the patient rather than the doctor, there are also subtle traces of an agonistic theme that glorifies the doctor. This is easiest to see in one story from book V that also appears on book VII. The patient, Trychon, is struck in the chest by a missile from a catapult and suffers from uncontrollable laughter; the author speculates that part of the wooden shaft of the bolt remained in his diaphragm, but "the physician" treating the patient disagreed and gave the patient an enema; he "and others" pronounced him better the next day. However, the patient died, apparently in accordance with the author's prediction.[103] Although the author takes no clear action in the case, his correct diagnosis and prognosis contrast with the actions of one or more other physicians whose treatment proves disastrous. This is a fairly common structure for Galen's stories.

Case Histories after the Hippocratic Corpus

After the Hippocratic Corpus, case histories are sparsely attested outside of Galen's own work, but this may be an accident of survival rather than an indication that they declined in importance. Galen occasionally describes or quotes from case histories reported in previous, lost works. The most important examples are two case histories of Erasistratus, a renowned physician and anatomist of the early third century BC; Galen quotes these extensively in *On venesection against the Erasistrateans in Rome.* The first case concerns a girl from Chios suffering from amenorrhea and coughing up blood, and the second describes a male patient named Criton, with inflammation of the throat. Both patients died; Galen uses these stories as ammunition in his attack on the Erasistrateans' opposition to bloodletting. The stories, as Galen writes, are selected from among "the patients described in the books of *Dissections* (or *Distinctions,* Διαιρέσεις) written by Erasistratus"; he also calls the stories by the names of their patients, "Criton" and "the girl from Chios." Since only these two Erasistratean case histories survive, it is difficult to generalize about them, but the author's use of the first person plural is conspicuous in both cases. The day-by-day structure prominent in many Hippocratic case histories is only vestigial here; and though both patients die, there is no apparent attempt to deflect the blame onto the patient or onto other physicians.[104]

Case histories may have played an especially important role in the Empiric tradition of medicine. The Empiric sect is imperfectly understood because no Empiric

works survive intact and they are known only from descriptions and (mainly brief) citations in other authors, especially Galen's *Outline of empiricism* and *On medical experience.* In the view that comes down to us, the Empiricists accepted only experience as a source of knowledge in medicine. They rejected the search for the causes of disease and the hidden internal operations of the body, deductive reasoning, and dissection. Instead, they deployed both observation and experiment to determine the best cures. They observed outcomes that occurred by chance or spontaneously, without their interference; they took special notice of similar cases in the future, to reconfirm their initial observations or invalidate them as coincidental. From their observations, they devised ideas about new things to try (drawing conclusions based on the similarity of circumstances, permissible in their system), and the results of those tests added to their store of knowledge. (Because of their epistemological stance, much Empiric thought focused on drugs.) The Empirics thus distinguished several different types of experience from which knowledge might derive, including the experience of other physicians. One lifetime was not long enough, as they reasoned, to accumulate observations and it was permissible, even fundamental, to build on the experience of predecessors. Thus, Empirics relied on what they called "history" (*historia*). Galen suggests a very broad meaning for this word in the Empiric tradition: "I agree that everything written in books can be called history, because it is the custom of most physicians to call it that" (*Subfig. emp.* 8, 67 Deichgräber). He devotes considerable space to the question of how to distinguish true from false "history" based on personal observation or on the testimony of multiple authors.[105]

The surviving Empiric fragments are almost disappointingly vague and general, not the precise accounts of clinical experience one might hope for. In particular, there is no direct evidence that the Empiric tradition produced collections of case histories as aids to memory or to the efforts of other physicians, as would seem natural. However, little testimony survives for the Empiric school in general so this is not necessarily significant. It is possible that the Empiric idea of *historia* included clinical stories; Galen's discussion of the term is complicated and difficult to interpret and suggests much disagreement about what it actually meant in Empiric thought. *Historia* in Greek strictly speaking means "inquiry," especially scientific inquiry. But it was used from an early period—famously, by the historian Herodotus in his account of the wars between Greece and Persia—to signify the results of inquiry and especially narrative history. In two places, Galen connects the idea of *historia* to stories about patients. He digresses on the story of a patient he has mentioned (the amazing story of Maryllus' slave, on whom he performed surgery exposing the heart) "for the usefulness of the history" (διὰ . . . τὸ χρήσι-

μον τῆς ἱστορίας, **5**, 2.632K). Elsewhere, after telling a series of case histories Galen writes, "I thought it good to tell you the history of these things" (βέλτιον οὖν ἔδοξέ μοι καὶ ταῦθ' ὑμῖν ἱστορῆσαι, **121**, 8.266K).

Two other passages from Galen suggest that argument from individual cases played a role Empiric thought. One chapter of *Outline of empiricism* illustrates how chance observations can suggest new therapies, which can then be confirmed by deliberate observation (**351–355**, 75-80 Deichgräber). Galen begins by telling two stories set in his native Asia Minor about patients with elephantiasis miraculously cured by drinking snake venom. One of the stories is also attested in another author, and both may be folk tales that also circulated orally (see "Written Tradition and Clinical Experience" in this chapter). Galen then relates two examples from his own practice when, acting on the information contained in these stories, he also cured patients of elephantiasis with snake venom; and then tells a fifth story from outside his own experience, in which the patient was healed by the god Asclepius at Pergamum, through a dream. "Persuaded by all these experiences," he writes, "we dared to use the medicine of vipers abundantly" (*Subfig. emp.* 10, 79 Deichgräber). Galen is giving an example of a therapy he arrived at by Empiric methods, in which case histories play the leading role.

In another passage from his treatise *On plenitude* (*Plen.* 9, 7.558–61K; passage 4.D), Galen tells a story from his years as a student, when he debated his "Empiric teacher" on the subject of treatment by venesection.[106] In his argument, he recalls cases from the teacher's own practice, at least some of which Galen had also observed. In this passage and in that I described in the previous paragraph, Galen seems to characterize the appeal to a list of individual cases as an Empiric technique.

Only one post-Hippocratic collection of case histories survives from antiquity, a series of twenty-one stories entitled *Examples and detailed methods of treatment of Rufus and other ancient and modern physicians* in a medieval Arabic manuscript. Their homogeneity in style, content, and medical theory, and their occasional cross-references to one another, suggest a single author; the manuscript's modern editor has argued that most or all were in fact written by Rufus of Ephesus, a Greek medical writer of the first century AD. His conclusion has been contested, though it seems clear that the collection did exist as a unit in Greek. At least fifteen case histories survive scattered through Rufus' other surviving works and fragments, and it is possible that the collection of stories was culled from other, lost works and misinterpreted by later copyists as the work of multiple authors, which is not unusual.[107]

The stories in the Arabic collection are written in the first person like those of

Erasistratus, but they also introduce an agonistic element. In more than half of these stories, other physicians in addition to the author are treating the patient; these rivals are often proved wrong in their diagnosis or treatment. Some cures inspire amazement in those who witness them. Only four of the twenty-two patients die, and the author explains the deaths as the result of hopeless circumstances, the incompetence of another physician, or disobedience to the author's commands. Although the stories are more understated in style, and lack the dramatic features and "arrogance" of some of Galen's case histories, they evidently serve a social as well as a didactic purpose.[108]

In this collection of case histories, the most prominent medical theme is a theory of the body and disease based on four liquids, or humors (blood, phlegm, yellow bile, and black bile). The author often ascribes a specific temperament, or mixture of humors, to his patients and associates disease with a wrong or poor mixture of humors; he also frequently mentions harmful "material," which he may imagine as a humor that takes on dangerous qualities or accumulates in inappropriate places. A few stories also suggest that the author links humors and their qualities to the seasons and the weather. The Hippocratic theory of "coction" of raw humors is also evident. The stories do not show the strict day-by-day organization of some Hippocratic case histories; the author generally uses vague terms such as "every day," "the next day," and "for many days," though most stories also contain at least one reference to an exact day (e.g. "on the third day"). A few refer to specific hours of the day.[109]

The demographic makeup of the patients in the Arabic collection is strikingly different from that of the Hippocratic *Epidemics* and much closer to the one that emerges from Galen's stories. Only two of twenty-two patients are female (nos. 13, 17). One is a twelve-year-old boy (no. 15), and two are described as "children," though one of these is eighteen years old (nos. 9, 10). Other patients are aged 30, 20, 25, or "in his forties" (nos. 1, 4, 7, 16). Other male patients are described as "young" (nos. 11, 21), and only in one case is it implied that the patient is no longer young (no. 3). The author does not give an age for either female patient, though one has given birth recently. Thus, where the author indicates the patient's age, most are in the prime of life, and almost all are male. He gives very little other social information, noting only in one case that the patient is an aristocrat who studies geometry and, in another intriguing instance, that he is an ascetic who has been fasting for a long time (nos. 3, 5).

The reason this collection of case histories was written or compiled is unknown. Its modern editor associates them tentatively with the rise of public medical contests at Ephesus—Rufus' hometown—suggesting that the stories were composed

for submission in the category of diagnostic *problemata.*[110] If he is correct, other lost compilations may have existed in abundance, as doctors kept written records of their successes for submission. However, the nature of these contests is poorly understood, and they are not attested until the second century AD. Although the stories are agonistic in character and seem suitable for public contests, Galen's stories show that case histories may contain the same agonistic elements when they were composed for other purposes.

Galen was very familiar with the tradition of clinical narrative that preceded him. He wrote commentaries on five of the seven books of *Epidemics.* He is the source for the two surviving fragments of Erasistratus' case histories. He cites the work of Rufus of Ephesus, including the treatise on melancholy from which the first five case histories in the collection that survives under his name were apparently extracted.[111] It is likely that case histories reported in works now lost lie behind many of Galen's stories, when he does not play a role himself and does not name his source (see the section on "Written Tradition and Clinical Experience").

Also, case histories circulated orally and some had a legendary character. Perhaps the most famous of these told how Erasistratus diagnosed the future king Antiochus I of Syria, who was in love with his father's second wife; it is attested in numerous written sources and Galen assimilates one of his own exploits to this story. Tradition also told how the philosopher Empedocles, in the fifth century BC, revived a woman who had remained without pulse or respiration for thirty days; the philosophical writer Heraclides Ponticus, in the first century BC, described the case in a treatise called *Apnous* (*Without respiration*). Galen twice refers to this famous story, attributing the woman's symptoms to a uterine condition—a case of hysterical suffocation or hysterical asphyxia.[112] A story about an elephantiasis patient who is accidentally cured by drinking snake venom, which appears twice in Galen's work and once in the work of Aretaeus of Cappadocia, may be a folk tale indigenous to Asia Minor. Several other stories of Galen's sound like folk tales or oft-repeated anecdotes: a concubine tries to poison her lover but cures him instead;[113] a patient criticizes the famous physician Quintus for smelling like wine, and he quips that the smell of wine is not as bad as the smell of fever (**311**, 17B.151–52K); a barbarian servant or slave kills himself by holding his breath (**14**, 4.448K); a delirious patient first throws glass objects, then his roommate, out the window to the delight of the onlooking crowd;[114] a story circulates about the source and early use of a secret and unusual cure for asthma—the excrement of a boy (**230**, 12.293K); a woman miscarries after hearing thunder and seeing "a frightening spectacle" (**270**, 14.252K), a story that also circulated, in antiquity and today, about the shocking effect of the Furies' entrance onstage in Aeschylus' *Eumenides.*

Inscriptions and the Cult of Asclepius

Some case histories were inscribed on stone. A famous inscription in Greek verse (whose provenance was once thought to be Smyrna in Asia Minor but is more likely Rome) records, in the first person, the short medical history of the four-year-old boy whose grave it marked.[115] Different in emphasis, but more important for the discussion of Galen's case histories, are the stelae from the temple of Asclepius at Epidaurus in southern Greece (this temple was especially renowned in antiquity and attracted pilgrims from all over the Greek world), which recount the miraculous cures performed by the god, collected and published by the temple's priests. Today, forty-eight stories survive more or less complete, with fragments of twenty-two others. Although the stelae date to the fourth century BC, they were still being viewed and read in Galen's time. Parts of a similar collection of inscriptions, dating to the late second century BC, survive on the walls of a sanctuary at Lebena on Crete. Individuals also could dedicate their own texts describing their experiences, inscribed on stone or painted on wood; the collections of stories at Epidaurus are partly compiled from these, and the tradition apparently continued after they were published, since one such inscription dating to the third century AD survives from there. The collection of stories at Lebena seems to be compiled entirely from lost stories dedicated on wood tablets. The geographer Strabo, writing in the first century AD, reports that inscriptions recording Asclepius' cures also adorned his temples on Cos (famous because of the island's association with Hippocrates) and at Tricca (the legendary birthplace of the god, in Thessaly).[116]

Stories could also be told in pictures instead of words. Votive reliefs depicting scenes of healing survive from temples of Asclepius throughout the Greek world. The less-sophisticated body parts of terra cotta, stone, or precious metal that grateful worshippers dedicated to Asclepius and other gods, also tell a simple story: the god had cured that part.[117] From the temple of Asclepius at Pergamum, the highly literate testimony of Aelius Aristides, a sophistic orator and contemporary of Galen, also survives; his six books of *Sacred Tales* detail his relationship with the god, who advised and healed him throughout a life of chronic ill health.[118] But it is likely that stories about Asclepius' cures also circulated orally. Many of the tales collected on the stelae at Epidaurus probably reflect oral traditions, though they also relate closely to other inscriptions and votive objects dedicated at the shrine, and in their extant form they reflect a long history of being edited as written texts.[119] Thus, Asclepius' cult generated a type of "case history" published in both oral and written form and even in visual form. Galen was himself one of the god's

patients; he also relates stories about the god's other cures, without saying how he knows them.[120]

Asclepius was only one of many gods who could heal; Isis was also famous for her healing powers, but other gods could also perform cures. On inscriptions that ask a god for some benefit or that thank one for conferring a benefit—many survive—healing is the favor most frequently attested. It is a safe assumption that stories about miraculous cures were ubiquitous in Galen's time, in both the pagan and Christian worlds (which were, after all, the same world).[121]

Written Tradition and Clinical Experience

The influence of this previous literature on Galen's stories and anecdotes should not be minimized. In sharp contrast to the atmosphere of classical Greece, the science of medicine in Galen's time was highly literate in nature, drawing on a vast and mostly lost written tradition dating back to the Hippocratic Corpus. Physicians might identify themselves—or at least, Galen often identifies them—by the name of some predecessor whose works they considered particularly authoritative, as, for example, Erasistrateans (followers of Erasistratus) or Asclepiadeans (followers of Asclepiades). Although Galen rejects the idea of uncritically following a single authority, his own writings frequently make use of, comment on, or argue polemically against earlier works. His pharmacological collections of drug recipes are largely unaltered excerpts from previous works.[122] Galen produced commentaries on all of the books of *Epidemics* except V and VII, which he disdained, and their case histories should be seen as a fundamental influence on his own stories. Galen also refers to or quotes from case histories recorded by other authors, including Erasistratus. Although his own narratives diverge from those of his predecessors in important ways, it is likely that Galen saw his stories in light of this tradition.

Furthermore, because textual tradition was so important in the scientific writing of his era, because ancient writers rarely cite their sources, and because most of the sources on which the surviving medical works relied are now lost (with the major exception of the Hippocratic Corpus), it is often difficult to distinguish original material from a summary or direct quotation of a previous work. This is one of the problems that makes the study of first-person stories so attractive to the historian: It is more likely that these stories reflect the physician's firsthand experiences rather than literary traditions that could be hundreds of years old.

However, even anecdotes recounted in the first person can be lifted from other sources; it appears that tradition allowed this in some circumstances. Aëtius, a sixth-century encyclopedist, uses the first person ("I know a woman, having ob-

served myself. . . .") to recount a story about a patient suffering from uterine problems that he has excerpted from Galen and that Galen, who does not claim firsthand knowledge in this case, apparently heard or read somewhere else.[123] The implications for the interpretation of Galen's stories are important, though analysis suggests that they should not be exaggerated. There are two cases in which scholars have argued that Galen claims to have witnessed events that he actually read or heard about elsewhere. One of these cases has been mentioned before: Aretaeus of Cappadocia, most likely a contemporary of Galen (though his dates are uncertain), tells the story of a man suffering from elephantiasis who drinks wine laced with snake venom in order to kill himself but is cured of his disease instead.[124] Galen tells a more elaborate variation of the same story in his *Outline of empiricism,* one of his earliest works (**351**, 75–76 Deichgräber), and again in *On the mixture and properties of simple drugs,* written much later, sometime after 193 (**234**, 12.312–13K). In the latter case, he includes it among a list of episodes "which I myself experienced when I was still young, in my [native] Asia." Neither Aretaeus nor Galen (in his first version of the story) claimed to have witnessed the case, which may have circulated in oral form, as a local folk tale,[125] or been published in a third source, or Galen may have read and embellished Aretaeus' work.

The problem could be explained as a memory lapse in which Galen confused, in his old age, a story he heard with a story he witnessed,[126] but it is also possible that its resolution lies in the word "I experienced" (ἐπειράθην). The Empiric tradition took a broad and complex view of what might qualify as "experience"; autopsy is only one of several types of experience it recognized. It is possible that Galen is using the verb in its Empiric sense and intentionally avoids saying that he observed the case himself. In another passage, Galen writes "of human excrement [as a remedy] I have the following experience" (τοιάνδε τινὰ πεῖραν ἔχω) and then goes on to tell a story in which he claims no involvement himself; it is a story that was transmitted to him along with the drug recipe (**230**, 12.293K).

In another story, Galen describes watching, in his youth, a man consumed with irrational rage kicking a door that failed to open and biting the key. Elsewhere he writes that the Stoic Chrysippus—who lived in the third century BC—had criticized the human tendency to hit doors and bite keys (among other things) in anger, and this seems to have been a philosophic *topos.*[127] In this case, it is possible that Galen is recounting something he actually saw but remembering and interpreting it in the light of literary tradition; this tradition may exert a powerful formative influence on some stories. A clear example is the tale of the wife of Justus, which plays a prominent role in Galen's autobiographical treatise *On Prognosis* (**276**, 14.625–26, 630–33K) and to which he refers twice in other works. In this story, Galen diag-

noses his silent patient's secret and illicit love for a dancer, the way that Erasistratus had diagnosed the prince Antiochus' secret love for his stepmother. This folk tale is very well attested in ancient literature, and Galen himself draws the parallel with his own story of Justus' wife.[128] However, that some of Galen's stories are shaped by myth or literary tradition does not distinguish them from other forms of ancient narrative, such as historiography. The historians Tacitus and Livy do the same thing. This has not prevented scholars from using them as sources, though it does dictate caution about overly literal and positivist interpretations.

Other questions arise from Galen's sometimes ambiguous statements about how he knows a story and his relationship to the events he recounts. Very often, he simply launches into a story using the first person, the aorist tense, and the indicative voice, implying that he took part in the proceedings, normally as the main actor. In other cases, he introduces the story by saying, "I saw" (εἶδον) or "I observed" (ἐθεασάμην).[129] The latter can also have the sense of "I beheld," as a spectator at an event; and he often employs this word when he sees something especially shocking, unusual, or unbelievable, sometimes with an emphatic use of the personal pronoun "I."[130] Sometimes he says he "observed" another physician treating a patient before intervening himself or without intervening physically, and sometimes he calls the addressee to witness by reminding him that he "observed" the case with Galen; here the verb suggests passive observation rather than active participation.[131] In these situations, readers may question Galen's presentation of events, but his stance on his relationship to them is reasonably clear. (If, however, the story contains a substantial history of the patient's illness before Galen's involvement—and this is not uncommon—this introduces complexities that will be discussed in chapter 4.)

In some cases, how Galen knows a particular story or what relationship he has the events or the people he describes is not clear.[132] He sometimes refers to stories or legends about people who lived before his time, figures familiar to his audience, though they can be difficult to identify today.[133] In other cases, he seems to get his information second or third hand, from the patient's physician or another party. He may have learned some of these stories from his teachers, as part of his medical training, while other stories illustrate the incompetence of other physicians.[134]

An ambiguous situation arises when Galen writes, "I know someone" or "I know a man" or "I know someone who once. . . ."[135] The Greek can imply autopsy—"I have seen"—but it has a wide range of meanings; Galen could be saying that he heard or read the story somewhere.[136] In many cases that Galen introduces this way it is clear from other features of the story that he treated the patient himself; clearly, he often uses "I know" to mean that he was an eyewitness to the event. This may

also be the force of the emphatic expression, "I myself know," which he uses sometimes.[137] However, in at least one case, he appears to use the word in its more general sense: Galen "knows someone" who contracted rabies a full year after being bitten by a dog; he describes the reactions of "all the doctors" who saw him without implying that he was among them (though this possibility is not excluded either; **293**, 16.621K).

In most cases, Galen unambiguously represents himself as an eyewitness to, and participant in, the stories he tells. Also, there is little evidence that he deliberately or inadvertently misled his readers regarding the nature of his involvement. However, it is not possible to check his assertions against other evidence, and for this reason, his veracity on the point is difficult to gauge. Some of Galen's first-person narratives may derive from previous compilations of medical case histories now lost to us or from oral tradition, and it is not possible to identify these conclusively. Literary and oral traditions also influenced his stories in more subtle ways—for example, in how he organized them or how he characterized patients and other individuals.

Case Histories in Galen's Work

Is the genre of "case history" one that Galen would recognize? The focus of this study is on Galen's stories about patients, but this genre can be difficult to distinguish from other types of narrative. For example, legends or folk tales (such as the story about the Emperor Hadrian, who once reportedly poked out the eye of a slave with a stylus when enraged; and I have noted a few other examples of stories that could be folk tales); autobiographical anecdotes, including anecdotes about Galen's experiments on animals in which the animal plays a role similar to that of the patients in his case histories; passages that summarize Galen's observations about groups of patients ("I have often seen people who. . . ."); hypothetical case histories ("Let us suppose a patient who. . . ."); and so on. The boundaries between these types of stories are fuzzy. The narratives within the category I have chosen for study vary widely in form and content. Some are several pages long, while others occupy only a few lines. Most are about Galen's own patients and are presented in the first person; but some describe the patients of other doctors, and Galen is not always involved. Some describe Galen's own past illnesses. Sometimes Galen will list a series of two or more examples illustrating a single point:

> H. i) We observed one of the gymnasts who supervises athletes placing a layer of lead over the loin muscles of the athlete so that he would not have nocturnal emissions;[138] ii) and I showed this to one of those private (i.e., nonprofessional) persons who suffer from

> the same thing, and he thanked me for the usefulness of what had been shown. iii) And someone else, the nature of whose flesh was weaker, could not bear the hardness of the lead. . . . (**46–48**, 6.446–47K).

For the reasons just described, it is only possible to give an approximate idea of the number of case histories in Galen's work. If one counts each patient as a separate story (in which case the passage just quoted contains three case histories), and if different versions of the same story are counted as separate stories, casting a broad net one finds more than 350 case histories; that number decreases if stricter criteria are applied (for example, if one counts only patients treated by Galen, or excludes stories that are probably folk tales, are more ethical than medical in character, duplicate other stories, or are autobiographical stories about Galen's own health history).

Although they vary widely in form and length, the stories have in common several features that make it possible to study them as a distinct category of evidence. They are narrative in character and normally told in the aorist tense and indicative voice. As such, they depart strikingly from the prescriptive, theoretical, or abstract style that is Galen's more normal mode of discourse. Most of these stories are introduced as examples from Galen's own experience and not mainly as interpretation of, commentary on, or polemic against some other text. They are unique in that hardly any contemporary evidence offers insights into similar social situations; exceptions are the case histories of Rufus of Ephesus; some stories in Aulus Gellius; and the *Sacred Tales* of Aelius Aristides, which I will consider in their appropriate contexts.

Furthermore, Galen recognizes stories about patients as distinct units of discourse. Thus, he refers to "the narrative (διήγησις) about" or "the history of" a patient in Hippocrates' *Epidemics.* He refers to stories about patients simply as "patients," so that Hippocrates and Erasistratus "write patients" or "write up patients"; one might "read this patient" or "interpret this patient"; or he might refer to the "beginning of a patient," meaning of course the beginning of his or her story.[139] In his commentary on the third book of *Epidemics,* Galen refers frequently to the contributions of previous editors who had also added what he calls "characters," a cryptic shorthand that encoded aspects of each story. Here Galen again refers to the stories as "patients," as "in the older copies [of the book] characters have been added to the patients beginning with the woman with an inflamed larynx who lived with Biton" (*Hipp. 3 epid.* 1.13, 17A.558–59K). Galen's word *arrhostos,* "patient," and his phrases "narrative about a patient" or "history of a patient" approximate the English term "case history," which is thus a category consistent with his own thought. It is reasonable to suppose that he thought his own stories about patients belonged

to this genre even though they occur only as parts of longer works, especially because he often introduces them with formulaic language ("I know someone," "I once saw someone") and sometimes refers to them in terms like those he uses for the Hippocratic case histories: "I will narrate a patient"; "The patient written [about] earlier."[140] Whether he would have drawn the boundaries of the genre where I have drawn them is more open to debate and cannot be known.

The case histories serve many functions, including entertainment and social self-promotion. It would be naive to assume that their purpose was only to illustrate or prove a medical point. However, in most cases, this is Galen's overt reason for writing them: They are part of his medical argument. Galen expended much thought and effort on questions of epistemology—on how medical knowledge is obtained or verified. Several of his works describe and evaluate the differences between three "sects," namely, the Empirics, the Dogmatists, and the Methodists. The Empirics and Dogmatists defined themselves largely by their epistemological stances. The Empirics accepted only experience (broadly defined) and certain kinds of everyday reasoning as the basis of medical knowledge, whereas the Dogmatists, or Rationalists, apparently acknowledged the value of experience but insisted on the necessity of understanding the causes of disease and believed that true medical knowledge could be acquired only with the aid of rigorous logical methods.

Galen rejected the positions of both sects and regarded the adherence to any sect as foolhardy, though superficially his epistemological position is difficult to distinguish from that of the Rationalists. He argued that both experience and reason played a part in medical knowledge. He published several lost works on logic (and one brief surviving work called *Logical instruction*), and he insisted on the necessity of formal training in logical methods for truly competent physicians. In his arguments, he relies on abstract methods of logical demonstration, including mathematical demonstration, to a degree that would seem absurd to a modern physician. However, he never abandoned his faith in observation and experience; he consistently invokes experience and the *phainomena,* or "things that are apparent," as checks on the arguments of reason and even prefers the evidence of experience when the two appear to clash.[141] Among the *phainomena,* or the experiences, relevant to medical expertise, clinical experience ranks high in Galen's view. Again and again he appeals to "the things that occur among patients" or "the things seen among patients" or similar ideas as important methods of demonstration or confirmation.[142] For Galen, the case histories are a way of transmitting knowledge acquired through experience. Thus, a digression at the beginning of a story about two young men suffering from fever suggests that eyewitness observation, practical

demonstration, and the transmission of specific examples are all critical parts of medical knowledge and training:

> I. Now would be an appropriate time to tell about the kind of cure I administered to each, since it is especially necessary for those who are learning [medicine, i.e., readers of this treatise] to train using [specific] examples (παραδείγματα); for universal methods do not suffice for an accurate understanding. And even better than examples are the things which we have witnessed ourselves: If everyone who undertook to teach and write something, would first demonstrate these things with deeds, altogether few false things would be said. Now, most people try to teach others things which they themselves have never done, nor demonstrated to others. So it is no wonder that most physicians neglect creditable behavior and pursue the appearance of wisdom rather than the truth. But this is not our way.[143]

Thus, Galen sometimes writes that he is introducing a story for the sake of "clarity" or as an "example" or a "reminder."[144] Several stories describe the first time he tried a remedy whose success encouraged him to use it on other patients.[145] It is easy to forget the simple point that most of Galen's case histories are offered as part of a medical argument.

Memory and Autobiography

Finally, one should discuss how Galen produced his case histories before proceeding to study the stories themselves. Galen does not mention or describe any process of taking notes at a patient's bedside. This is hardly conclusive, but it is suggestive, especially considering that Galen offers so much information about his literary production. As I shall show in chapter 3, scenes of diagnosis or healing could resemble the public debates that Galen also participated in and that generated many of his written works. It is not out of the question that his own servants or those of others recorded the proceedings in some cases; but in sharp contrast to the transcripts of Galen's public speeches or anatomical commentaries, there is no evidence that case histories circulated as separate documents. All of them occur as parts of other works. The only feature of some stories that suggests "case notes" is their day-by-day or, in some cases, hour-by-hour organization. However, as with the Hippocratic *Epidemics,* this structure may reflect Galen's theories about the periodicity of fever and the timing of crises rather than daily note taking. Like all other case histories that survive from antiquity they are written in the past tense.

Where Galen tells the same story twice—and this happens occasionally, though

it is not always possible to demonstrate conclusively the identity of two patients—he does not repeat sentences or passages in a way that suggests transcription from a documentary source. Though they may share vocabulary and turns of phrase, this does not go beyond what can be explained by their identical subject matter.[146] Although the versions typically do not contradict one another, they are told quite differently, emphasizing diverse aspects of the case and also varying in other ways, such as length. It is true that one series of five stories about patients cured of elephantiasis by drinking snake venom occurs in an early work (*Outline of empiricism*) and again, word for word, in a work that dates several years later *(On the mixtures and properties of simple drugs*).[147] However, the most likely explanation is that Galen has referred to his own previous work in compiling the later one, not to a separate archive of case notes.

It is most likely that Galen composed his stories from memory. As evidence, they are not documents but more like anecdote or testimony—information preserved in memory and usually reproduced orally. Psychologists describe as a specific type of memory the recollection of unique episodes (rather than, for example, recurrent events), often called autobiographical memory (though a wide range of other terms signifying the same thing has also been used). Certain problems of distortion and inaccuracy characterize this type of memory; locating the events in time, especially, is a problem since memory appears to carry no marker for time, which must be reconstructed from signs within the memory itself. Individual instances of events often repeated—such as visiting patients—are easily transposed. As time goes by, the ability to reproduce details declines and the memory succumbs to reconstruction based on patterns suggested by similar memories and the subject's self-image. Though there is debate on the overall accuracy of autobiographical memory, errors of reconstruction (which can produce false memories) and retrieval (where a real event is remembered, but in the wrong context) are typical and increase as time passes. It is relatively easy to induce false memories through suggestion or by supplying the subject with misinformation.[148]

Memory normally produces accounts that correlate well with independent records (such as tape recordings or a subject's own diary entries) of what happened, especially when events are recalled within weeks or months of their occurrence. However, because no such outside evidence exists with which to compare Galen's stories, and because Galen hardly ever gives any indication of when the stories occurred, their value as records of *specific* real events is limited. It is a good guess that Galen frequently transposed one patient for another or one condition for another in his mind (though he gives so little information about the context of his stories

anyway that this hardly affects their utility). They are best considered in aggregate, as examples of the sort of thing that might reasonably happen. However, Galen clearly expects his readers to believe his stories; none of his purposes are served if they do not. It is a safe assumption that he made the stories realistic; they conformed roughly to his readers' expectations and experiences. The truism that there is much fiction in history and much history in fiction applies well to Galen's clinical narratives.[149]

Apart from the question of accuracy, however, autobiographical memory is linked to narrative and shaped by the narrative form in which it is normally recounted. Memories form and persist as a result of telling the story; the narrative both shapes and fixes the memory, whose primary purpose can be construed as the social one of relating the story. Numerous sociological, anthropological, and literary studies have examined the role of narrative in shaping memory and constructing identity—the idea of oneself—and some of the processes identified are quite complicated.[150] These studies suggest that telling one's own story is a creative effort shaped by the subject's values and those of his or her audience. It is a highly social act; the self, paradoxically, is a social phenomenon rather than a private one.[151]

Galen's stories are shaped by the social and cultural context in which they were produced, by the process of memory and the difficulty of recalling sometimes distant events, by the narrative form in which he reports them, by the influence of literary tradition, and by self-interest. The point that all stories are ideological and argumentative; that they present events in a certain way, for certain reasons; that narrative itself, with its characters, plots, neat resolutions, and moral vision, shapes and interprets the realities that it recounts (as does any other form of discourse) is intuitive and persuasive.[152] However, because the patterns and tropes into which Galen's stories fall reflect the web of values and assumptions in which all social, and professional, interactions took place, they are good evidence for how Galen thought about his world and for his subjective experience of it.

With all this in mind, although I do not consider Galen's stories more problematic as historical sources than other ancient literary texts, the best way to profit from them is not to mine them for facts but to approach them *as* stories—that is, as narrative. Case histories make good stories even when they are told badly. The drama of illness draws the reader on—one wants to find out what happens to the patient, even if this is not in the end revealed. In this sense—the presence of a simple and powerful aim driving the plot, and the desire of the reader to know the resolution—Galen's case histories and all case histories are excellent, even archetypal examples of narrative.

Nevertheless, Galen's style of storytelling often gives the impression of hasty and careless composition, which is true of his work in general; the level of artistry in his case histories varies widely, partly depending on whether Galen's aims are more technical and medical or more social (to present himself as hero of a dramatic event) or literary (to entertain). However, even the most rhetorically sophisticated may seem, on a first reading, unpromising as literature; none attains the literary quality of Freud's case histories, for example. The story's progress may be sidetracked by long digressions (for example, on the therapeutic use of milk, on the best way of bathing, on the stupidity of those who write about things they have not experienced, on a recipe for a plaster, on the best treatment for liver problems, on the pulse).[153] Most are introduced in a perfunctory way, with little context to guide the reader's thoughts. "Actors" (this is the word I shall use to indicate the participants in each story) often appear on the scene without explanation and with minimal development as "characters."[154] Information crucial to the story—the patient is suffering from fever, for example—may be supplied in an offhand way or not at all, as if the reader shared Galen's familiarity with the situation. Although most stories have a clear beginning, they may lack a decisive ending. Sometimes the story trails off unresolved only to be picked up later, or not.[155] For example, one story that begins dramatically with a late-night visit becomes a recipe for a plaster to treat liver problems; the outcome is never described:

> J. The patient was a doctor. We examined him early by lamplight, when it was not yet possible to buy these things [certain ingredients] from the vendors. Finding a considerable decline in the fever, we hurried as quickly as possible to make use of the opportunity (*kairos*); especially because we anticipated that the suspect hour would bring the beginning of another paroxysm, at about cockscrow. We therefore cooked some absinth in oil, and some Cydonian apple [quince]. While these things were cooking, I found some pulp of *sakkum* and root of iris . . . (segues to a botanical-pharmacological discussion; **191**, 10.792–93K).

Frequently, the reader who desires to know the patient's fate is frustrated because Galen does not relate the outcome: either his point is about a dramatic diagnosis rather than therapy, or the story serves mainly to illustrate a particular condition or therapeutic decision, or Galen leaves the outcome implied if the reader is supposed to assume that his remedy worked.

The problem of how to approach Galen's stories is complicated by their stylistic peculiarities. Just as they resist analysis as historical documents, they also frustrate many methods of literary criticism. Perhaps the most promising beginning, then, examines the stories on their most basic level—of actors and events, causes

and turning points—the story's framework or "structure."[156] Narrative of any kind is a social artifact; Galen's plots and characters are not timeless ideas that appeal to all ages, as engrossing as readers may still find them. Rather, he wrote his stories the way he did for specific reasons grounded in his social situation. In that sense, they are a mirror of his complex interactions with the world.

Place and Time

I. CONTEXT AND AUTHENTICITY

On where or when his stories take place, Galen offers hardly any specific details. Many stories occur in a void without a hint at their physical environment, so that the reader struggling to form a picture of what is happening must rely only on his or her own assumptions to fill in the visual details. Chronologically, the stories are rarely tied to events in Galen's life and even less frequently to events outside his own biography; it is extremely difficult to assign absolute or even relative dates to most of them.

This vagueness is one of the most striking and, in the eyes of many readers, problematic features of Galen's stories. For some readers, their lack of contextual detail makes them less believable. This reaction is understandable but too simplistic. First, contextual detail does not guarantee the authenticity of a story but is often manufactured to authenticate it; thus, folk tales about the cures of Asclepius evolve not from the more detailed to the more vague but in the opposite direction.[1] Second, as I mentioned in chapter 1, Galen's purposes are not served if his readers did not believe his stories. Whatever one's assessment of their accuracy, it is likely that Galen relied on an authenticating strategy of some kind. If he does not offer contextual details for this purpose, one must seek this strategy elsewhere.

In the previous chapter, I demonstrated that Galen claims to be writing for a circle of "friends and companions" who participate in every aspect of—in a sense, define—his professional and social life. Galen's addressees were present at some of the cures he describes; also, as he emphasizes, many cures were performed before witnesses and some were widely known. These methods of persuading his readers of his stories' truth were probably effective if Galen wrote for "friends" who knew his background, had been with him to visit patients, and could easily picture clinical scenes without much discussion of the context. These friends lived in the city whose topography Galen barely alludes to, in houses like the ones he sketches so vaguely, and needed no illumination on those subjects. The modern reader's puzzlement and skepticism is evidence that Galen wrote for a more immediate audience and attests to the close connection between his written work and his social life.

Finally, Galen's reluctance to locate his stories in space and time is not specific to him but typical of case histories in the western tradition. Case histories are normally self-contained and, by their nature, focus inward rather than outward; it is much easier to analyze their internal structure than to tie them to the world outside their framework. This does not mean that no such effort should be made; it is one of the purposes of this book to illuminate the relationship between Galen's stories and the society that produced them. However, the search for connections to political or biographical events can be frustrating.

II. PLACE

City

In theory, a patient's environment was important for diagnosis and therapy, even on a grand scale where climate, weather, and local topography were thought to influence human constitutions and disease. These Hippocratic ideas are attested in Galen's commentary on the Hippocratic treatise *Airs, waters, places* and in passages describing steps the physician should take to ensure appropriate conditions in the patient's room.[2] But in his narratives, Galen rarely describes the patient's physical environment or mentions place-names. The two that occur with some frequency are Rome and Pergamum. Pergamum was Galen's hometown, sometimes also signified by phrases such as "our Asia" or "among us" (παρ᾽ ἡμῖν, which refers to Asia rather than to Rome or Italy). That Galen did not consider himself a Roman, but until the end of his life continued to write with nostalgia about his native city and province, has often been noticed. Because almost all of Galen's surviving work was produced in Rome or Italy, references to Pergamum evoke a distant past; Galen uses phrases such as "when I was still a lad" or "when I was still studying with my teachers there."[3]

Galen practiced for most of his life at Rome, and this setting can be inferred for many stories, especially those in *On prognosis,* which describes Galen's first visit and rise to prominence there. The work begins with a long introductory moral diatribe denouncing the decline of the medical profession, in which social climbing and malicious rivalry have replaced the study of Hippocrates, liberal education, and the quest for truth. He associates these vices especially with Rome, as is evident when he leaves the diatribe to launch into his longest case history, the story of Eudemus. Here he writes, "I knew nothing of these things on my first stay in Rome" (**272**, 14.605K), suggesting that in Pergamum the situation was different; and Eudemus, apparently a fellow-Pergamene, also contrasts the sophisticated, cosmopolitan, and corrupt atmosphere of Rome with that of his more provincial and morally supe-

rior hometown.[4] The theme of the viciousness and jealousy of rival doctors pervades this story, a problem foreshadowed by Galen's reference to Quintus, the teacher of two of Galen's own teachers and a physician that Galen greatly admired; Quintus was run out of Rome on murder charges by jealous rivals (*Praecog.* 1, 14.602K). Besides the stories in *On prognosis,* several others are specifically located in or near the capital city, but the same moral themes do not predominate.[5]

Smyrna and Alexandria—cities in which Galen lived as a medical student—also appear in some stories. A few take place in other locations where Galen traveled: Campania in southern Italy (where Galen owned a house), Mytilene on Lesbos, the environs of Athens, and somewhere between Alexandria and Pergamum.[6] Galen observed and treated patients as part of his medical training, and he saw patients wherever he went. But these passages also reflect certain patterns of thought, which may be detected by going beyond Galen's strident moral commentary on the city of Rome and examining references to its physical features more carefully.

The topography of the cities Galen mentions plays little or no role in his stories. That is, cities are not well developed as characters in the case histories. There are a few exceptions to this, especially in the case of Rome. I have mentioned in the previous chapter several references to famous sites in Rome: a fire at the Temple of Peace destroyed Galen's books stored nearby; the Temple of Peace was a popular venue for public intellectual debate; the Street of the Sandalmakers, where booksellers set up shop, was apparently another; the Baths of Trajan still another (the latter two locations are discussed further in this chapter). Rome's public buildings and spaces occasionally come into focus also in the case histories. A gymnasium features in a story about a young man suffering from fever: Galen describes him as a "gymnastic type" (*gymnastikos*) who "enjoyed gymnastic exercises." The youth visits the gymnasium to bathe, where he fights with another man over space on the massage table; outside, he joins in violent struggle among his friends. Both the emperor, Marcus Aurelius, and Galen himself exercise in the gymnasium as part of a healthy lifestyle; and other patients are described as "gymnastic" types.[7]

Although Galen never explicitly states that the story about the aggressive youth took place in Rome, this seems likely; the public building in which the man exercises regularly, receives a massage, and intends to bathe seems like one of the city's many great bathing complexes, even though Galen calls it a gymnasium (*gymnasion*) rather than a bath or bathing complex (*balaneion* or *thermai*). Galen refers to the largest and most important bathing complex in his time, the Baths of Trajan, as the *gymnasion* of Trajan; one patient, as he writes, used to debate there every day.[8] Galen does not always call baths *gymnasia,* however, nor did they always merit this characterization. Rome contained hundreds of smaller baths or private baths

without the exercise grounds, lecture halls, and other amenities of the great complexes. These simpler "baths" were not necessarily elaborate public buildings but might be found in private residences and in towns and villages outside the city. Galen often uses the words *balaneia* and *loutra,* rather than *gymnasia,* to refer to baths or bathing; *balaneia* in particular could have porticoes and exercise grounds, and it is difficult to determine whether he drew any consistent distinction between these and the buildings he sometimes calls *gymnasia.*[9]

Galen also refers frequently to the *palaistra,* defined by its function as a wrestling area: He treats patients for accidents that occur in the *palaistra* and suffers a serious dislocation of the collarbone there himself. Wrestling was perhaps the most important Greek athletic activity; it was the gymnastic exercise *par excellence.* Thus, describing two patients whom he treats for similar problems, Galen writes:

> A. One was a free man, a gymnastic type; the other was a slave who was not ungymnastic himself—not, to be sure, very good in the *palaistra,* but skilled in the daily exercises and labors that it is appropriate for slaves to perform.[10]

Baths, gymnasia, and the *palaistra* are the main public buildings and spaces to which Galen refers in his stories. Before moving on, it is perhaps useful to place these in their cultural context. Tradition associates baths and public bathing with Roman rather than Greek culture, though the distinction is not straightforward. Small complexes with individual baths are attested in Hellenistic Greek cities. The earliest Roman-style baths—characterized by their sequence of rooms, including a changing room and communal cold, warm, and hot pools—originated in southern Italy, an area of mixed cultural influence that included several ancient Greek colonies. Greek influence likely accounts for some of the popularity of public bathing among the Romans, and it is unclear whether the people of antiquity considered public bathing an especially Greek or Roman activity.[11]

The same is not true of *palaistrai* and *gymnasia,* which were Hellenic institutions. In Greek, the two words were not sharply differentiated. Modern scholars, following the ancient architectural writer Vitruvius, may define a *palaistra* as an open courtyard surrounded by lecture halls and baths and a *gymnasion* as a three-sided portico with a long pair of colonnades for practicing track and field sports. But other ancient sources are more likely to refer to the former type of building as a *gymnasion* and may reserve *palaistra* for the wrestling court or for the activity of training in wrestling, "wrestling-school." The gymnasium was fundamentally an educational institution. It combined physical and intellectual activities for training both body and mind. Thus, the schools founded by Plato and Aristotle at Athens, the Academy and the Lycaeum, were called *gymnasia.*[12]

The *gymnasium* remained important or became more important in the Roman period, as the cultural and physical activities that took place there—Greek *paideia* and athletic training—became more closely tied to urban elite identity.[13] Their design changed, perhaps because of Roman influence, though it is also possible that the influence was reciprocal. Beginning in the first century AD, several Greek cities of the Near East and especially Asia Minor built *gymnasia* with expanded baths complexes; by the end of the second century, there were at least thirty-one in existence, including one at Pergamum. At Rome, the great bathing complexes paid for by Roman emperors resembled these contemporary *gymnasia.* The Baths of Nero—Rome's most fanatically philhellenic emperor—may have taken them as its model. Nero's baths were the first at Rome to include a *palaistra* and were called "the gymnasium of Nero" or "the baths and gymnasium of Nero." The Baths of Trajan incorporated gardens, lecture halls, libraries, and a large wrestling court. However, there were also substantial differences between these Roman *thermae* and eastern *gymnasia*—not only in design but also, for example, the *thermae* were open to women.[14]

In most of the stories previously cited, Galen does not specify the city in which they take place. Since he wrote in Rome and lived there for so long, he may have expected his readers to imagine Rome as the setting for most of them. Rome is represented through its *gymnasia* and *palaistrai*—institutions central to Greek urban culture—as though it were a Greek city organized around the Hellenic activities of nude exercise and wrestling. In one story, Rome is actually conflated with the archetypical Hellenic city by a delirious patient who believes erroneously that he is in Athens rather than Rome. He tries to force his way out of the house, saying that he wants to bathe at the Ptolemaeum (a gymnasium in Athens that is also mentioned by the travel writer Pausanias); his friends or household, however, prevent his escape.[15] The common perception that Rome was an alien environment to Galen or that he remained Greek despite his Roman environment needs modification; he interpreted the city and perhaps its social organization as Greek.

A more general and obvious point is the urban character of most of Galen's stories. Besides the gymnasium and the *palaistra,* the street is the distinctively urban venue mentioned most frequently in his case histories. The *Sandalarion,* or the Street of the Sandalmakers is the only one he names; here among the booksellers a dispute breaks out on the authenticity of a work attributed to Galen. In Galen's contemporary Aulus Gellius, it is the scene of a vigorous debate before a crowd on a passage from Sallust.[16] The *Sandalarion,* then, is a typical location for intellectual contests and public debates. One of Galen's patients, "Diomedes, an orator in the

Sandalarion," may declaim there rather than live there (**275**, 14.625K). In the story of Eudemus, Galen describes meeting his archrival Martianus by chance near the *Sandalarion* and arguing over the case (**272**, 14.620K).

In this story, Galen is on his way to visit Eudemus, and Martianus has just come from the latter's house. This is not the only case history that is brought out from the house into the street or vice versa. The lengthy and well-known story of Glaucon, in which Galen diagnoses the philosopher's friend, begins with Glaucon "meeting me by chance in the street" (**132**, 8.361K).[17] Glaucon then takes him by the hand and leads him to the patient's door. Another case begins when Galen meets someone accidentally, and cures him in the street:

> B. When I encountered one of these [patients suffering from chronic fever] by chance (κατὰ τύχην ἀπαντήσας), and he explained that he had recently begun shivering, I stopped the shivering on the spot by giving him bread from diluted wine. But as you know, leading this man on the way to my clinic (κατὰ τὴν ὁδὸν εἰς ἐργαστήριον) I stopped his fever (**185**, 10.682K).

When Boethus' child suffers a feverish attack in the night his father rushes out to fetch Galen and bring him home; despite the late hour, "those who encountered him in the street (αὐτῷ . . . οἱ κατὰ τὴν ὁδὸν ἀπαντῶντες) followed him, among whom you [the addressee Epigenes] were one" (**279**, 14.636K). The street appears to be the typical venue for chance meetings in Galen's stories; even when Galen does not specify their location (as in the case of Antipater, who "encountered me one day . . . and ordered me to feel his pulse," **127**, 8.294K), his readers may supply a street scene in their imaginations. One might encounter friends or rivals in the street, and one also escorted friends into the street. Thus, a crucial scene from the story of Eudemus appears to take place on the street, "on the way to the baths"; Galen and several others are among Eudemus' entourage (**272**, 14.606K). In another story from *On prognosis,* Galen meets in the street a man escorted by the physicians of his slave steward; they "encountered me by chance, and after relating the symptoms that had occurred and were now present" they led him back to the master's house (**285**, 14.670K).[18]

Country

The crowdedness of streets (even at night), the intensity of social interaction there, and the apparent close connection between houses and streets suggest an urban environment for many case histories; but not all of the stories take place in the

city, and the contrast between urban and rural settings is sometimes important. Galen uses the word *agros* ("field") to indicate the countryside; he never describes the landscape and rarely indicates what region the countryside is in (the hinterland around Pergamum is implied for some stories). Nevertheless, these stories evoke the agricultural world of the peasant—they are stories of wounds, snakebite, hard physical labor, and poor diet.[19]

Galen's case histories about peasants and the countryside often describe the challenges of treating disease without the pharmaceutical ingredients available at Rome. The city is by implication the nexus to which all supplies flow, while making do with the items at hand in the countryside requires ingenuity.[20] The countryside is isolated: wounds and diseases may go untreated there for a long time, while other peasants treat themselves with simple and sometimes drastic measures. Some of them come to the city for medical treatment, presumably if they live nearby.[21] Galen's stories about peasants lack obvious social and agonistic elements; for the most part, they are short and involve Galen and the patient only, without the friends, servants, witnesses, and rivals who populate some of his urban stories.[22]

When Galen explains his presence in the countryside, he says that he is traveling, suggesting a place of transition where he is out of his element.

> C. And I myself, once when I had was traveling into the countryside far from the city, together with two adolescents [*meirakia*] the same age as myself, I overtook some peasants [*agroikoi*] who had already eaten and the women were about to make bread (for they were out of bread). One of them threw wheat all at once into a pot and boiled it, then she seasoned it with a moderate amount of salt and asked us to eat it. We were ready and willing to do this, as was likely, since we had been traveling and we were hungry. . . . Through the whole next day we suffered from indigestion and lack of appetite, so that we could eat nothing, and we were full of flatulent gas and headaches and our vision was clouded. And nothing passed out below [through the bowels], which is the only remedy for indigestion. Therefore I asked the peasants if they also ever were affected this way when they ate boiled wheat. They said that they had often eaten it under the same necessity which we had suffered, and that wheat prepared in this way was a heavy food and difficult to digest.[23]

Here Galen's encounter with peasants and their odd practice of boiling wheat makes him sick. Besides traveling, Galen also suggests that one might treat peasants while hunting or visiting the countryside (probably at a friend's country estate or at his own).[24] Galen emphasizes that his father owned rural property and

even lived in the countryside in his declining years, running the farm himself (he even calls him "farm-loving," *philogeorgos*). However, although he owned an estate in Campania where he also kept copies of his books, Galen does not describe his own time as divided between duty and business in the city and "leisure" for intellectual pursuits in the country, as some Roman writers do; nor does he romanticize the countryside in the Hellenistic tradition of pastoral poetry, for example.[25] He also does not go into the countryside regularly to treat peasants; even a house call to the outskirts of the city is unusual for him (**217**, 11.300K). Though the city has its own moral and physical hazards and does not escape Galen's harsh polemic, he perceives urban life as normal. However, it is also clear that Galen spent a substantial amount of time in rural areas, traveling through them on foot and visiting his estate in Campania, and he treats without hesitation the peasants that he encounters.

Galen's patients sometimes travel in the countryside or own property there. The theme of travel is sometimes a part of the patient's "history," where Galen describes the onset of disease; that is, journeys often cause illness. One patient visits mineral baths located near the place where he is traveling and retreats to "the countryside" for the rest of the day before returning to the city in the evening and becoming ill. In some stories, the hot, dry conditions of travel cause disease. Galen's stories illustrate some of the real and perceived dangers and stresses of travel in antiquity: one of his most famous patients, Pausanias the sophist, injures a nerve when he falls from a carriage on his way to Rome; another patient suffers nerve damage after becoming soaked and chilled in a storm. Most of his references to travel overland suggest that the travelers walked, rather than riding on horseback or (as in Pausanias' case) in a vehicle. Galen recalls how he slept on his feet while walking all night on one journey and suffered severe gastric upset on another, when he and his friends were forced by hunger to eat food supplied by some peasants they fell in with (passage C). Frustration over lost luggage causes one of Galen's friends to become so unhinged that he almost murders two of his slaves at a location near Athens.[26]

Some patients travel to be cured, as a sort of pilgrimage. Galen sends two patients to an otherwise unknown location called the Tabiae to drink the milk of that region. Others travel to the temple of Asclepius in Pergamum to be healed by the god; and I have mentioned peasants who come to the city for medical treatment. However, although Galen apparently treats patients wherever he may be, including on the road, and although he treats patients in faraway provinces by correspondence, he does not give the impression that patients come to him from a wide perimeter or from all over the empire; his patients seem very local.[27]

Houses

Stories that describe or (much more frequently) hint at their immediate physical environment usually refer to a house (Galen's word is *oikia*). Sometimes the indication can be very slight; for example, Galen sees many patients lying down or sleeping, presumably in bed, and his readers would assume that they were in their own houses. As Galen makes clear, patients came to live with him only in exceptional circumstances, though it is possible that some doctors housed bedridden patients.[28] Some medical professionals practiced at public baths and *palaistrai,* and surgeons may have operated routinely in baths complexes, but Galen does not describe working there. He also does not mention hospitals, though military hospitals are well attested for the Roman period, and it appears that some large houses and villas, as well as the imperial palace, had medical wings for sick slaves.[29] However, Galen often describes visiting patients in their houses or other doctors who do this, including one who plans to perform surgery in a patient's house.[30]

However, some patients suffering from wounds or debilities come to him for "outpatient" therapy, even if they cannot walk. One arthritic patient is carried to his door, interrupting a discussion between Galen and his domestic slaves:

> D. Once when a cow cheese had been brought to me, which I guessed from the odor to be rancid, I threw it away; and then thought it had been disposed of by the servants, but they are accustomed to save such things; they brought it from the storeroom a long time afterwards, and asked what I wanted to be done with it. Since it could not be eaten because it was rancid, we faced the absurd problem of proposing some useful accommodation for it. In the meantime a certain arthritic man had been carried to me in a litter, having chalkstones in the joints, and it occurred to me to cook pickled pig-leg, which was inside, and to soak the cheese in that decoction, and to apply it after blending it well in a mortar to the chalkstones.

In another treatise Galen writes, "of those who come to the doctor some arrive on their own feet and others are carried."[31] One passage I have already cited (passage B) mentions an *ergasterion*—literally "workshop," his office or clinic—probably a part of his house, as passage D suggests (Galen is clearly at home when the arthritic man arrives at his door). When Galen describes a clinical scene with no indication of where it is taking place, the reader might supply as backdrop the patient's house, Galen's house or workshop, or even the street, as in passage B. But where Galen specifies a location, it is usually the patient's house. As a result, some

scholars have assumed that he always made house calls and did not treat people at his home or clinic.[32]

Despite the esteem that Galen professes for architecture, he rarely refers to the architectural features of houses or to their interior spaces (rooms or courtyards) but rather to the activities and people associated with them. The passage most evocative of Galen's own house is passage D, Galen's discussion with his servants over the rancid cheese in his storeroom. But social relationships are more properly discussed in other sections of this book, and for the moment, I shall restrict the subject mainly to the physical aspects of the house.

Although distinctions between "public" and "private" are well attested in Greek and Latin they do not correspond exactly with modern ideas, especially in domestic architecture. Ancient evidence suggests that aristocratic Romans considered parts of their houses "public." Even "private" areas—especially, bedrooms, dining rooms, and baths—were not cut off from visitors but were open to a more restricted circle by invitation. All rooms were "public" in this sense except service areas—undecorated, utilitarian rooms such as the kitchen, storerooms, or possibly slaves' quarters (though some scholars point to evidence that some slaves slept in or outside their masters' bedrooms). Galen does not mention service areas at all in his stories (except his own storeroom in the tale of the rancid cheese).[33]

It is possible to interpret the Roman house as a space for imposing social order on crowds by organizing them according to privilege, defined by closeness to the owner and access to the house's more "private" areas; or even as a microcosmic city in which the owner presents himself to a particular "public." This suggests no strict opposition of public and private, inside and outside, domestic and civic; but rather a continuum that could extend even inside the house.[34]

At least one of Galen's clinical stories takes place in the patient's front courtyard (*atrium; aule* in Greek), that is, in one of the open-air spaces of aristocratic houses that were intended to accommodate crowds. In this stagy scene, he revives a comatose patient by feeding him through a funnel; he prevents his embarrassed rivals' escape by ordering "the courtyard door" to be locked.[35] Some stories connect the house with the street by bringing individuals or crowds from the street to the door and on inside; thus, Galen and others move easily from the public space outside the house to its interior public space.

The part of the house that Galen most often refers to is obviously the bedroom. Many stories involve bedridden patients, and thus the bedside is the presumptive setting for scenes of examination and therapy. When Galen arrives at the door of Glaucon's ailing friend, he enters and encounters a slave coming out of the bed-

room (*koiton*) carrying a chamber pot; he then "goes in" to the patient, who is lying down (**133**, 8.362–63K). This is the only story in which Galen is explicit about his route through the house. He describes it because the chamber pot is a detail crucial to this story's plot, but he probably expected his readers to assume a similar scene for many cases. In one case, for example, he brings a donkey into "the room in which [the patient] was lying" so that he can drink the milk straight from the teat (**169**, 10.474K).

In another story, the patient's doctors arrive at his house while he is napping after his evening meal. They do not proceed directly to the patient's room; a servant first announces their presence, presumably asking the patient whether they should be admitted. This patient has chosen not to follow their advice, and to disguise his disobedience, he muffles himself and asks one of his friends to answer their questions for him. The doctors examine him, give orders to his servants, and then depart (**172**, 10.540–41K). The whole scene apparently takes place in the bedroom, which, to be sure, is hardly a solitary retreat but is crowded with visitors and domestic slaves.[36] Access is restricted to privileged visitors and also servants; Galen's presence there suggests either or perhaps both of these roles. A similar argument might be made about another area of the aristocratic house, the baths. Only the wealthiest houses had private baths, but Galen mentions these several times and states, or suggests, that he accompanied his patients there.[37]

Some stories in which more restricted areas of the house—bedroom and baths—are especially important involve women, which raises the question of whether the houses he visited had male and female zones. This problem has been discussed mainly for classical Athens, but in the Greek world of the Roman era, there is still substantial evidence for the veiling of women in public and an ideal that confined women to the house or to specific parts of the house, often called the *thalamos,* or "chambers," signifying the house's interior rooms rather than its open courtyards and dining rooms. Galen himself assumes that women remain sedentary and stay indoors, avoiding exposure to sunlight, and refers to "women's quarters" in his excoriations of Thessalus, who was, notoriously, the son of a woolworker.[38] Greek women were not excluded from the public or civic sphere, and some elite women had a substantial public presence as officeholders and benefactors, but they were imperfectly integrated into a domain that was considered fundamentally male and often segregated from men when they did participate in civic functions, such as public festivals. The evidence is very complicated, but the question of male and female space—whether physical or social—is perhaps important in Galen's stories. It is also possible that the question was related to issues of ethnic identity; that is, just as greater control of women's sexuality had once been a point

of pride for Athenian men, it was perhaps now associated with a Hellenizing identity. Most evidence for the ideal of social invisibility for women is in Greek, and scholars generally do not consider the segregation of women an important feature of Roman society.[39]

In Galen, the evidence about women is complicated and will be discussed further in the next two chapters. But with regard to the house, three case histories deserve discussion here.[40] In one story, the patient is the wife of Justus (about whom nothing is known except that he is probably also the addressee of Galen's treatise *On the parts of the art of medicine*).[41] The patient is suffering from love for a popular dancer; Galen must negotiate access to the unwilling patient's room through her female slave, and he stages an elaborate test there in which one of his servants mentions the names of various suspected paramours in her presence or, at least, within her hearing. The other stories take place in the household of Galen's great friend Boethus, a senator and ex-consul of Greek background originally from Palestine. In the first, Boethus' son is the patient; the child's mother stands guard over him in the bedroom and locks him in when she leaves to take a bath. The climactic scene occurs in another room, in which the child is lying on a cot while the mother sits on a couch (the furniture is carefully described). Here Galen is introduced to the woman for the first time—Boethus tells her, "this is Galen"—and eventually discovers the hidden food in one of the mother's garments, which is lying on a chair. The other story, in which the patient is Boethus' wife (perhaps the same woman as in the story of his son, but Galen does not say so), features a crucial bathing scene. She is in the bath with her midwives—Galen specifies the "first room of the bath"—when she suffers a major evacuation from the womb. Galen, who is "standing by chance in front of the outer door of the bath" (**280**, 14.643K) rushes to the rescue.

In two of these stories—and arguably all three—women's clothing plays an important role, and they are almost the only stories in which Galen mentions clothing. Since I have referred to veiling in connection with Greek ideas about women and domestic space, perhaps it is best to discuss these details here. When Galen questions the wife of Justus, she avoids answering and wraps herself up: "Turning and covering her whole body in the clothes with which she was covered and her head with a small *tarantinidion,* she lay like those who want to sleep" (**276**, 14.631K). The word *tarantinidion* is rare, normally referring to a woman's garment of luxuriously delicate weave; here it is worn over the head, that is, as a veil. Male patients also cover themselves with clothes in bed—Galen's word *himatia* can be translated "bedclothes" as well as "garments."[42] They do not cover their heads however.

The story of Cyrillus also features a "very small *tarantinidion*"—this is the gar-

ment in which the forbidden food is hidden (**279**, 14.639K). Although it might be inappropriate to make too much of one rare word here, if Galen is shaking out a woman's clothing or perhaps her veil, the scene would seem to expose her figuratively, as the story may expose to view aspects of the household not normally visible to guests. Similarly, Boethus' wife is immersed in the bath and presumably naked when she suffers the evacuation that brings Galen to her side.

These stories suggest a "private," female (rather than male) aspect of the household, to which Galen appears to have remarkable access. However, two caveats are important here. First, it is only by extremely careful reading of the texts that a pattern—a very tenuous one—evoking a female domestic sphere, socially if not physically separated from men, emerges. Second, all three of these stories come from the atypical treatise *On prognosis,* Galen's most literary work. Other stories of female patients—about fifteen of them survive—do not conform to any particular pattern and are hardly distinguishable from Galen's stories about men.

It is not the stories about female patients that most strongly suggest the social segregation of men and women—this suggestion is very subtle—but the striking absence of women and children from stories about adult male patients; that is, from the vast majority of his case histories, many of which explicitly take place in the patient's house. Despite his privileged access to the most intimate parts of the house, the world Galen describes is overwhelmingly masculine and he normally has little to say about the female (or juvenile) members of the patient's family. If a separate, female social sphere existed in his mind, Galen normally took no notice of it and had little interest in expressing moral views on it or even in portraying it in his works.

II. TIME

Chronology

It is impossible to assign exact or approximate dates to any but a few stories. Rather than locate his stories specifically in time, Galen very often uses the vague term "once" (ποτέ) or the only slightly more specific "recently" (ἔναγχος).[43] The stories in *On prognosis* are exceptional. They are relatively easy to date because of this treatise's autobiographical structure; the story of Eudemus, with which it begins, takes place sometime shortly after Galen's first arrival in Rome. The subsequent stories are told chronologically, and their consequences for Galen's career briefly explicated. Readers familiar with Galen's life would know that he first arrived in Rome around 162 or, as he puts it in another treatise, "after my thirtieth year" or "after our current emperor [Marcus Aurelius Antoninus] had begun his

reign."[44] This latter passage (from the preface of his treatise *On anatomical procedures*) is unusual; normally, if Galen offers a date for a story or an event, it is only in terms of his own biography. Several stories take place "when I was still an adolescent" (*meirakion*); these are mostly stories of his clinical experiences while he was a student at Pergamum or of personal illnesses. He introduces other stories with "when I was still young"; "when my teacher Pelops was still alive" or "when I was still studying with my teachers in Smyrna"; "when I was living in Alexandria"; or (in two stories describing his own injuries and illnesses) "when I was in my nineteenth (or twenty-eighth or thirty-fifth) year." In a few cases, readers can infer that the events occurred a certain number of years ago; for example, Diodorus the grammarian, afflicted with epilepsy, survives twenty years on a regimen Galen prescribes.[45]

One of the single most important events in Galen's life was his arrival at Rome.[46] Certain case histories—of Eudemus and of the sophist Pausanias, whose paralyzed fingers he healed by treating the wounded nerves of his spine—are referred to several times, which suggest that they were critical points in his life.[47] Of events outside his own biography, two stand out in his writings (and they overlapped in time). The first is the pandemic that broke out, at first in the eastern provinces, in the mid-160s: one case history is set during the plague, and Galen refers to it in several other places, while it is still raging and long afterward.[48] Here he describes his medical observations and experiences during the plague but also dates certain events in his life (his departure from Rome and his arrival at Aquileia in northern Italy, on the summons of the emperor) to its outbreak. At Aquileia, he writes, "the emperors fled immediately to Rome with a few soldiers, and all the rest of us barely survived for a long time, and most died." Lucius, he continues, died on the road to Rome.

The second event to which Galen alludes with some frequency is Marcus Aurelius' departure for his campaign in Bohemia (what Galen calls his war with the Germans) in 168, on which Galen was nearly forced to accompany him. Galen refers to this event three times, including the passage just mentioned in which he arrives at Aquileia—where Marcus is collecting his army—at the same time as the plague.[49] By staying in Italy, Galen missed an opportunity to dissect the bodies of dead barbarians and seems to have remained bitter and ambivalent about his decision. Twice he derides the stupidity of those who failed to profit from the experience because of their ignorance of anatomy; he also emphasizes his productivity at Rome during this period, perhaps to justify to himself and others his decision to remain there.[50] Finally, two passages refer to the deaths of emperors and imperial succession, the main device by which historians, for example, dated events in this era.[51]

The plague and Marcus Aurelius' departure for Bohemia were, like Galen's arrival at Rome and cures of certain well-known patients, incidents of great signifi-

cance for him. But these are exceptions to Galen's general tendency not to tie his stories to outside events or even to events in his own life, with the result that scholars have pieced together the outlines of his biography only with difficulty.

Medical Time

Time in the sense of absolute chronology, or even chronology relative to other events, is rarely significant in Galen's stories; but time in other aspects is a fundamental theme. Many stories have an obvious temporal structure; that is, time is demarcated within the stories, often several times, for example by days and hours; parts of the patient's regimen or stages of the disease (for example, a paroxysmal attack) also function as markers; and some stories are set at a certain time of year. The crucial role of time in medicine may be one reason that Galen advocates the study of astronomy for doctors—hours, days, and seasons are astronomical concepts.[52]

Some of these ideas are very old. The connection between disease and the seasons, or the idea that fever is cyclical and that there are critical points in its progression, can be traced at least as far back as the Hippocratic Corpus. Time in this sense is perhaps the theme that ties Galen's stories most closely to the long tradition of medical writing that preceded and followed him; if some of the points made in this section seem obvious, it is only because we are so long accustomed to associate clinical medicine with certain ways of structuring time. It is not practical to trace the complete history of these ideas or to identify Galen's original contributions (this is difficult on any point because most ancient medical literature has been lost). I shall therefore focus on describing the role of "medical time" in his stories, which reflects a long intellectual history.

The association of disease with seasons is part of a theory that identifies four primary humors (blood, phlegm, and black and yellow bile) as components of the body and associates them with four primary qualities (wet, dry, cold, and hot). The four seasons, with their qualities, are related to the four humors, and in this way the body's internal organization mirrors its cosmic environment. Today, of course, many infectious diseases are still perceived as seasonal, though the reasoning behind this is different. The theme of the seasons is detectable in some of Galen's case histories, although it is not prominent or entirely consistent (Galen recognizes many factors, other than the time of year, that lead to noxious imbalances of the humors). Two dramatic fever cases occur in late July, which Galen calls the "days under the dog" (the Dog Star Sirius), a dangerously hot and dry time of year in

which the humor of yellow bile holds sway. Galen associates springtime with a superabundance of the hot, wet humor of blood, which can cause suffocation if it is not let properly. One of his stories, about a peasant youth who is bled by his doctors every spring, suggests that this was also a folk belief. But black bile, which Galen dissipates with purgative drugs, may also accumulate in the spring; and blood, on the other hand, may accumulate and need to be let in other seasons also. This happened to Galen when he indulged in too much fresh fruit in the late summer and autumn. Winter is the season of *phlegmone,* inflammation due to an accumulation of the cold, wet humor of phlegm.[53] Galen may also mention the time of year for nonphysiological reasons, for example, to explain the use of some seasonal ingredient.[54]

Although Galen's stories do not have the rigorous day-by-day structure that characterizes some Hippocratic case histories, many stories use days to demarcate time; for example, Galen will specify the number of days since the onset of the illness or since his first intervention. Galen also marks time within the day, for example by hours (in antiquity an hour was one-twelfth of the day or night, measured by sundial, so that daytime hours were longer in the summer; but Galen also mentions standardized equinoctal hours, measurable by water clock).[55] He also uses the more general terms "morning," "evening," and so forth. He does not refer to any standard unit of duration shorter than an hour but must rely on expressions such as "immediately," "a little later," and so on. He may record the day or time of a physician's visit, of the administration of therapy, of stages in the illness's progress (its onset, its rise and decline, its attacks or *paroxysmoi*), and aspects of the patient's regimen, especially meals, baths, and sleep:

> E. In Mytilene a young man was wounded by a sword, quite deeply, in the seat (ἕδρα). He passed the first three days without eating or drinking. On the fourth day, after treatment, he ate and drank; in the evening he was treated again, and excreted about four kotyles of urine through the wound; though before this he had not urinated at all from the place where he was injured. He said that he was finally freed of the weight that had been bothering him in the region called the *ephebaion* (the pubes). It was clear from this that his bladder had been damaged. (**76**, 8.4K)

Even in this short passage Galen notes the relationship, measured in days or times of day, between the wound, the treatment that the patient receives for it, the patient's meals and drinks, and the excretion of urine. Part of this is to help explain causation: Establishing chronological relationships is the first step toward showing causality. It also reflects the role of daily routine or regimen in Galen's idea of dis-

ease and healing; what the patient does, at what time, and in what order is very important. In one case, for example, the chronological sequence in which the patient eats various foods is the key to his disease and thus to his cure (**55**, 6.598–601K).

In another story, Galen cures a slave steward who is suffering from inflammation of the eyes. Because the steward lives in the outskirts of the city, Galen takes him home for two days of intensive therapy. When Galen first sees the patient, he has been suffering for twenty days. Galen lets his blood at the fifth hour of the first day on his arrival at Galen's house; then again at the ninth hour. The next day, Galen rubs his eyes with medicine at the first, fourth, and ninth hours. The patient bathes at sunset, and on the following day, his eyes are rubbed twice again and he bathes again in the evening; by the third day, he has recovered completely (**217**, 11.299K).

The demarcation of time by days, hours, and other devices is especially prominent in Galen's stories about fever, for an additional reason: Galen and other ancient physicians thought of fever as cyclical. For example, Galen most often classifies fevers by their periodicity, though he also uses other schemes.[56] They may be continuous (that is, unremitting), daily, tertian (recurring every other day), or quartan (recurring every third day). The terminology of fever was subtle and complicated however; Galen debates the difference or lack thereof between "continual quotidian" and "quotidian" fever, or "semitertian" and "quotidian" or "semitertian" and "intermittent tertian" fever; and patients could suffer from a combination of recurrent fevers. (Recurrent fever is considered a classic symptom of malaria, and many patients that Galen describes would probably be diagnosed with malaria today, but Galen tends to view fevers as diseases rather than symptoms).[57]

The timing of the feverish attack, or *paroxysmos,* is perhaps the most crucial feature of Galen's stories about fever. He often notes not only the day but also the hour of its actual or anticipated onset. The latter he calls the "suspect hour."[58] Most fevers are defined by how frequently this attack occurs; and Galen may predict the disease's behavior on certain days and hours in a dramatic way.[59] The idea of the *kairos,* or "opportune moment," for therapy is important in several case histories, especially in fever cases. Intervention must occur at the appropriate time with respect to the paroxysm; or patients abstain from baths or food until after the "suspect hour."[60] One trendy remedy for fever, beloved of Methodists and despised by Galen, was called "the three-day period" (*diatritos*) after the length of the fast that it prescribed.[61]

The Hippocratic idea of crisis—a critical moment in the fever's progress in which it either resolves or kills the patient—is important in several stories and takes center stage in two. One patient is the Roman aristocrat Sextus; the other is an anonymous man suffering from an abdominal tumor. Each of these narratives

reaches its climax when Galen's firm prediction of a crisis on a certain day is vindicated.[62] At the crisis, the fever intensifies and the patient sweats; he may also bleed, vomit, or otherwise evacuate the superfluities that cause the fever; after that, he is out of danger. If the crisis does not occur naturally, it can be encouraged, for example by inducing sweat. Paroxysmal attacks can also decline gradually without coming to a crisis.[63]

In some accounts of fever, the theme of time, especially the timing of the paroxysmal attacks, dominates completely. For example, one story in *On the differences in fevers* is almost an hour-by-hour account of a combined case of "continual quotidian" and "tertian" fever, each of which attacks with mathematical regularity.[64]

Time and Narrative Structure

With attention to what is sometimes called rhythm in Galen's stories—the ways in which events are compressed or expanded relative to their duration in "real" time—a simple, three-part chronological pattern can often be detected, though this pattern may be implied rather than laid out clearly and not all three of its parts are present in every story. Galen's encounter with the patient is the focal point; it is the central event and, usually, the one expounded in the most detail compared to its duration.

In duration, the critical encounter between Galen and the patient may be short (less than a day) or it may extend to several days. In a few cases, it lasts longer than that. Often the duration can be calculated with some accuracy because Galen uses time markers liberally. However, many stories also include a background narrative describing the development of the patient's problem before Galen's intervention—the patient's history. In days or weeks, the history is often longer than the period of interaction with Galen, though the space Galen devotes to it is usually equal or less; he tends to summarize the history and describe his own encounter with the patient in detail. Though the history may begin with a single sudden event—a wound or a fall, for example—its function is to convey a state of being, the condition of the patient before his or her encounter with Galen. Thus, Galen often places it in a flashback: the story begins when he meets the patient, then he presents the history as something the patient has told him. In the following example, (i) is the history and (ii) is the encounter with Galen:

> F. ii) Once I observed a man who was perfectly healthy, vomiting blood; I asked him to relate to me the regimen which he had followed in the previous days. Among the other things he told me he also recounted that ii) when he was thirsty in the night he had drunk

water from a certain well containing water that was not entirely pure, when a servant brought it to him. (**120**, 8.265K)

G. i) Someone who had hit his slave with his hand and wounded the tendon of the middle finger at the first joint, became feverish from the coincidence of other causes. ii) I discovered that his pulse obviously indicated that an artery was stretched, and noticed that his hand was bandaged with wool; and I asked him what was wrong with it; but he said that i) nothing relevant had happened to it. It had been struck, because he had hit someone, and he had placed the usual ointment on it. ii) Therefore since I found no other cause for the tension in his pulse, I ordered him to change the treatment of his finger, and to use those things which are appropriate to such disorders of the nerves. (**154**, 9.495–96K)

Many stories also describe a follow-up period in which the patient recovers or goes on to lead a normal life or, in a few cases, deteriorates and dies. Like the history, this period is often indeterminate in duration and can be long:

H. The young boy (*paidarion*) was saved, since the parts around the sternum became fleshy and grew together, and formed a covering for the heart of a kind similar to the top of the membrane that had existed before. And it is no wonder that the boy was saved even though his heart was exposed. (**25**, 4.1–2K)

Although Galen may continue to treat the patient throughout this period, the crucial moment has passed, and he does not describe its events in detail; he often tells this part of the story in a few words. In many cases, it is implied rather than described: the patient has a problem; he or she encounters Galen who offers a remedy; (the patient returns to health).

Even some brief stories display the tripartite structure I have described with the pattern (i) history, (ii) encounter with Galen, and (iii) recovery:

I. i) One of the emperors' servants, whose job is to hunt vipers, was bitten; for some time he drank one of the usual remedies himself, but when his whole skin changed color and became leek-green, ii) he came to us and related everything. Drinking the theriac antidote, iii) he quickly returned to his natural color. (**131**, 8.355K)

A classic example of this temporal organization is the story of Pausanias the sophist:

J. (i) Once when Pausanias the Sophist came from Syria to Rome, he had, at first, diminished sensation in the two smaller fingers of the left hand and half of the middle finger; and then, when treated incompetently by his doctors, he had no sensation at all. (ii)

> When I saw this, and asked about everything that had preceded [the symptoms], among other things I heard that (i) he had fallen from his carriage on the road and struck the upper part of his back, and that the wounded part had healed quickly, but that shortly afterwards the damage to the sensation in the fingers had increased. (ii) I ordered the medicines which they were applying to the fingers to be put on the wounded part, (iii) and thus he quickly recovered. (**110**, 8.213–14K)

The structure I describe here is a very simple one and, perhaps, not especially important. Many types of narrative could similarly be broken down into a pattern of background—crisis—resolution. However, a few points are worthy of attention. First, there is a sense in which the patient, rather than Galen himself, is the true subject of the stories. The stories begin and end with the patient; and not only this, but if Galen suggests any location at all, it is usually the patient's house. Thus, Galen tells the stories as events in the patient's life rather than his own. Even when he describes cures that changed his approach to therapy or (in the stories from *On prognosis*) helped him rise to prominence in Rome, these themes receive little emphasis compared to the biography and history of the patient, who is transformed by his encounter with Galen.

Furthermore, some types of narrative fit this basic prototype better than others. For example, substituting a moral problem for a physical one would produce a simple conversion narrative: (i) a wretch leading a dysfunctional life (ii) is transformed by an encounter with a charismatic individual and (iii) goes on to lead a better life. Healing—as I mentioned in the first chapter—was one of the primary tasks of ancient religion as well as medicine; many conversion narratives are also healing narratives. In this sense, Galen's stories do not resemble Hippocratic case histories as much as they recall inscribed stories about the miracles of Asclepius:

> K. i) Kleinatas of Thebes, the one with lice. This man, having a great abundance of lice on his body, ii) came and slept inside, and sees a vision. It seemed to him that the god undressed him and, standing him upright naked, he cleared off the lice with a sort of broom. iii) When day came he went out of the *abaton* healthy. (LiDonnici 1995, B8 [28])

In the syoptic gospels of the New Testament, about one-fifth of the "literary units" are healing stories.[65] These too resemble Galen's stories in their organization, though they are obviously very different in their themes and content:

> L. a) Straightaway after leaving the synagogue he came to the house of Simon and Andrew with James and John; i) and Simon's mother-in-law was lying sick with fever, and straightaway they told him about her. ii) And approaching her he raised her, taking hold of her hand. iii) And the fever left her, and she waited on them. (Mark 1:29–31)

In this story, (a) represents a tag that ties the story to Jesus' biography. Narratives in the gospels may also contain a follow-up section describing the effects of the cure for Jesus' reputation:

> M. b) And the report of him spread immediately in all directions, to the whole territory around Galilee. (Mark 1:28)

These devices weave the series of individual healing episodes into a single, biographical narrative of the healer; they change the narrative from an event in the life of the patient to an event in the life of the healer. Galen's autobiographical treatise *On prognosis* takes a similar form. In a way, however, sections (a) and (b) also serve to emphasize how self-contained and interchangeable many of the healing stories in the gospels really are; they rarely, for example, function as turning points that change the direction of the framing narrative. Even when incorporated into a larger narrative, the portrait that they offer of the healer is an indirect and composite one, a series of interventions in the lives of others.

Stories about Jesus may also divert emphasis from the patient's life to the healer's by including an episode describing the reaction of witnesses, which many of Galen's stories also contain. This section serves the purpose of authenticating the story and emphasizing the impressive power of the healer who performs the deed. Many stories about Asclepius have an equivalent of this section, in which the grateful patient dedicates an object to the god; these passages authenticate the story by pointing to a physical proof and reinforce the lesson about the god's power. Thus, some of the agonistic elements in Galen's stories, which shall be discussed in the next chapter, also have parallels in miracle stories. Both types of story also tend to raise (or rather, answer) questions about power and authority, which will be discussed in chapter 5.

With these comparisons, I do not wish to make a simplistic argument for the interdependence of three very different traditions (though it is not impossible that Galen was influenced by the oral and epigraphic tradition of Asclepius' cures), but only to suggest that healing as Galen describes it is like the miracles that impressed others with the power of Jesus or Asclepius. While the similarities are quite basic, to dismiss them as superficial rather than fundamental would be to ignore their power to define the story's essential meaning. In these stories, the critical moment is an encounter—a meeting or crux—that interrupts the flow of the patient's life and changes its course. There is a certain tension regarding who the stories' true subject is. In one way, they are "about" the healer; they advertise the deeds of the healer, who performs the most important action in the story, the cure. But they are told as episodes in the life of the patient, not the healer: especially, the patient's history before the cure is an element without which the story would be meaningless.

The Contest

Rivals, Spectators, and Judges

I. *AGON*

Agon means "contest" in Greek, referring especially to those contests in athletics and other events performed at the great Greek religious festivals—a tradition that not only survived but flourished in the Greek Near East of the Hellenistic and Roman periods. Many of Galen's case histories have an agonistic element—the cure or diagnosis or prognosis is part of a broader story of victory and defeat, glory and humiliation. The story's cast of characters includes not only rivals but also witnesses. It is not enough that the reader understands and acknowledges Galen's medical prowess; many stories describe the impressions and responses of the spectators at the events they record.

Athletic competition was extremely important to Greek elite identity in the Roman period, and gymnastic exercise (as a part of a patient's regimen) is a significant theme in the case histories, one that will be explored in the next chapter. But many other cultural activities, including medicine, used the language of athletic competition. Greek-style religious festivals included not only athletic and equestrian events but also competitions in music, drama, dancing, prose hymns (that is, encomiastic speeches), poetry and the recitation of poetry, painting, and other arts. Medicine is attested as a competitive activity (a "contest of physicians") in the second century AD at Ephesus. The categories were surgery, medical instruments, composition (no doubt of a text or argument), and problems (*problemata*).[1]

Unfortunately, nothing further is known about what went on at these medical competitions—the surviving inscriptions record the names of the victors in each category only. The word *problema,* in the context of the Second Sophistic, referred to a topic proposed by the audience for improvised argument. Galen uses it to describe something similar, questions proposed to him for medical discussion, such as the random passage from Erasistratus' *On bringing up blood* that formed the subject of one speech and, later, for a treatise. However, it is also quite possible that this category and the surgical category involved live demonstrations of practical skill. Anatomy of animals, including vivisections, might be performed publicly and competitively with dramatic challenges and demonstrations of success or incom-

petence, cheers and mockery from the crowd, and so on.[2] Galen rarely describes surgical procedures on humans (except venesection), but these could have been performed publicly in certain contexts; nothing rules that out. *Problemata* might also refer to diagnostic or therapeutic problems with live patients. Some passages in Galen suggest a public scene in which a patient is treated on the spot by physicians striving to outdo one another in effectiveness:

> A. Someone recently was recounting the many and great praises of a medicine for gout, and while he was speaking someone suffering from gout—a moderate case, so that he could still walk—was standing right there; and we called on him [the person praising the medicine] to test it [the medicine] on this man first. He applied the medicine to [the patient's] foot, and the man was sleepless for the whole night, and on the next day not only could he not walk as before, but he could not even be carried. (**224**, 11.432–33K)

In another passage Galen issues a rhetorical challenge to his ideological rivals—followers of the theories of Asclepiades and Erasistratus, whom he calls "sophists" here—to "come to the contest (ἆθλον) and compete (ἀγωνιζέσθωσαν) with me as though in a stadium; not with words, nor with long-winded nonsense, but with deeds themselves," that is, by practicing on patients who suffer from dropsy and jaundice, of which innumerable examples might be found in Rome at any given time. "And if you help him [the patient], restoring good color to his body, then I will agree to whatever you want me to suffer. But if you offer no benefit to the patient, but bring him to the extremity of harm, then change to the better [way], and seek the art of Hippocrates" (*Purg. med. fac.* 2, 11.328–30K).

The agonistic festivals were only the most obvious manifestation of the competitiveness of Greek culture. Scholars have often drawn attention to the agonistic aspects of the Second Sophistic, and I have discussed some of them in the introductory chapter of this book (in the section on "Galen and Greek Culture"). Although many scholars have pointed out a perceived tension between physical and intellectual prowess in Greco-Roman literary sources, and although some sophists and Galen himself disparaged certain kinds of athleticism, there is also much evidence that the ideal, well-educated, well-rounded aristocrat was trained in both athletics and culture. Both rhetoric and athletics were considered highly masculine activities that required or demonstrated *andreia,* manly virtue. With its vigorous gestures and, especially, the need to project the voice to be heard by a large audience, rhetoric—like athletics—was a form of physical exertion requiring *askesis,* or "training." Plutarch describes the use of the voice as an exercise (*gymnasion*) comparable, though in many ways superior, to that practiced by wrestlers. Athletic language and metaphors pervade the literature of the Second Sophistic, such as the

autobiographical *Sacred Tales* of the orator Aelius Aristeides, and Philostratus' *Lives of the Sophists.* And in a passage I quoted in the introductory chapter, Galen compares an oral debate with a rival on a point of medical knowledge to an *agon* or competition for a crown.[3]

Galen frequently, and not surprisingly, uses agonistic language in passages attacking the ideas of others, but also when describing acts of healing; he construes the latter as a contest among physicians. He describes physicians "disputing and debating" at the patient's bedside or claims that "I did not wish to compete (ἀμιλλᾶσθαι) with them in words." *Philoneikia* or a contentious "love of victory" is a key theme in one of his longest and most interesting stories, the story of a "gymnastic" youth suffering from fever, where the word occurs three times. Doctors—and sometimes, contentious patients—in other stories are also called *philoneikos.* In one prominent passage, an admirer uses a military metaphor, saying that Galen "makes war on you Methodists not with words, but with deeds" (i.e., by healing patients). Elsewhere Galen uses political language: he calls a disagreement among doctors treating a patient a *stasis* (political dischord) and the victors *kratesantes* ("those who prevailed," often in the sense of "came to power" or "ruled"). Thus, he assimilates healing to various types of public, civic competition or conflict.[4]

However, the competitive aspects of Galen's stories are not to be found primarily in the vocabulary he uses but in the stories' structure. Many stories include rivals (either individuals with whom Galen contends one-on-one, or a whole group of opponents), and witnesses who also act as judges (that is, their reaction certifies the outcome of the contest). In this, agonistic aspect of Galen's stories the patient normally plays a passive role; he or she is a body upon whom Galen displays his superior medical skill. In other respects, the patient is very important to the story, and these will be addressed in the next chapter.

The discussion that follows proves difficult to organize because actors may play different and overlapping roles. For example, patients and rival physicians may also act as spectators and judges; these roles are not reserved only for peripheral characters such as friends or household members. While I have divided the argument roughly into a section on rivals and a section on witnesses and judges, some characters appear in both sections. The stories mix social categories, not only literary ones. It is impossible to draw meaningful distinctions between a patient's physicians and his friends, or between Galen's patients and his friends; or sometimes between patients and physicians, and so on.

Not all of Galen's case histories have agonistic elements, but a large percentage of them do. The approximate number of case histories that are agonistic in character—containing some combination of the elements previously described—is

around eighty or ninety, including most of Galen's longer and more rhetorically elaborate cases.

II. RIVALS
Other Physicians

In a large number of Galen's stories, other physicians play an important role; if any actor besides Galen and the patient takes part in the story, this actor is far more likely to be another doctor (or more often, a group of doctors) than anyone else. Usually the other physicians are cast as Galen's rivals. Either they fail miserably and are exposed to the scorn of the reader and any witnesses who also participate in the events; or Galen proves them wrong, winning the approval of the reader and of any spectators whose reactions he records. In a few stories, Galen adopts a competitive attitude toward his own past, casting himself and his teachers as physicians whose failures contrast with his implicitly superior judgment as the story's narrator.[5]

Not all of Galen's relations with other doctors are competitive, but most of them are. It is likely that Galen's stories imply more competitiveness than actually existed and mask other important ways in which Galen interacted with his colleagues; the stories are themselves a way to compete with rivals, and it would suit this purpose to create an agonistic spectacle out of a situation that was much more muddled in reality.

In most cases, Galen faces off against an anonymous group of rival physicians rather than an individual. Sometimes Galen refers to these rivals simply as "those physicians who were taking care of [the patient]" or "the physicians" or "the other physicians"; even "those who were present" or "everyone," where these expressions, in context, must refer either to physicians or to others making decisions about the patient's care.[6] He may contrast himself with "the [patient's] regular doctors" or those of the household or the imperial palace. Sometimes he emphasizes his distance from them, and his exceptional status, by referring to them as "most physicians," as, for example, "most of the physicians who were taking care of [the patient]."[7]

In other cases, Galen faces off against an individual rival.[8] Sometimes Galen plays no role in the story, which simply demonstrates the incompetence of another doctor; but as narrator, his implicit or explicit judgment places him in the superior position. Occasionally, the patient plays the role normally assigned to Galen himself, of defeating and humiliating the other physician. Most often Galen does not name his rivals, calling them "someone" or "a certain doctor." Only a few, very notable rivals have names: Attalus, a Methodist whose ineptitude caused the death of

a well-known philosopher, and Galen's two antagonists of *On prognosis,* Martianus and Antigenes. This may reflect Galen's general habit of avoiding names, even those of patients, or it may be a deliberate way of reducing the significance and prestige of his antagonists in the reader's mind.[9]

In general, Galen's portrait of his rivals is not subtle but openly hostile and aggressive. Whether he faces an individual or a group, he often identifies his rivals with a medical sect whose doctrines he attacks; for example, Erasistrateans, normally because of their reluctance to let blood, or (especially) Methodists, whom he sometimes calls "Thessalians" after Thessalus, the putative founder of their school. Because the Methodists favored a three-day fast as a remedy for some fevers—a therapy they called the *diatritos,* which Galen continually mocks—he labels some rivals "doctors of the *diatritos*" or "diatritous doctors."[10] He does not spare his rivals in clinical stories from the harsh polemic that characterizes his work in general, labeling them bandits, villains, spewers of nonsense, or "the Thessalian ass" and denouncing their ignorance (using several different words for this), maliciousness, arrogance, shamelessness, sloppiness, and competitiveness. If Methodists, he calls them "those amethodic doctors" or "those who treat without method" or "without logic," while Erasistrateans may be "the enemies of phlebotomy," and one is given the nickname "Hemophobe" ("one who fears blood") by the grateful master of a patient. Galen may also use ironic expressions such as "the most wondrous doctors."[11] But in other passages, he takes care to describe his rivals as "the best doctors" or "the doctors with the best reputation," or in one case, "one of the most respected eye-doctors then in Rome"; these stories illustrate the incompetence of even Rome's foremost physicians, when compared to Galen. (It can be difficult to distinguish praise from irony in some cases.)[12]

In four cases, a female patient is being treated by one or more midwives (μαῖα, μαιευτρία). Galen plays a role in three of these stories. Although their small number makes generalization hazardous, that women emerge so infrequently as rivals or potential rivals may be significant in itself. Galen does not compete with the midwives in the same way he competes with rival physicians. None of the midwives who emerge as individuals—there are three of these—is proved wrong in her diagnosis or therapy. In one story, the patient's midwife provides appropriate therapy, and Galen's true rivalry is with the other male physicians who are also treating the patient (**211**, 11.187–90K). In another—the case of Boethus' wife—the therapy of the patient's main midwife, in whom Galen expresses confidence, proves effective (though he has disdainful words for the women—possibly female servants in this scene and not necessarily other midwives—who scream helplessly while he rushes to rescue the unconscious patient: **280**, 14.643K). Although Galen is re-

sponsible for the diagnosis and therapy that ultimately cures this patient, once again his real competition is with the male "other physicians" who also weigh in. In a third story in which Galen does not take part, the patient is cured when she follows the midwife's diagnosis (**146**, 8.420K). Only in one story are the midwives lumped together with the patient's male physicians as losers in a competition with Galen (**350**, 130–32 Iskandar). For the most part, the agonistic aspects of Galen's stories involve men only, and it is likely that Galen understood this kind of competition as masculine in character, linked closely (as it was in the areas of athletics or sophistic rhetoric) with ideas of manliness.

Confrontation

Where Galen describes a physical setting for his medical exploits it is most often the patient's house, which can in some ways function like a public building, housing spectators and competitors. Spatially, in relationship to the crowd, competitors stand "in the middle," as in a stadium.[13]

Galen sets up the contest with his rivals according to certain patterns. A theme of several longer stories is the "cattle call," where Galen is summoned together with other doctors to consult on a difficult problem and eventually emerges from the field as the sole effective physician (like a runner in a race where everyone has an even start).[14] The most notable example is the case of Maryllus' slave: the master calls a number of physicians together, but only Galen is brave enough to remove the patient's rib, an operation in which he exposed the heart. A brief passage from this story illustrates how Galen outpaces a field of competitors:

> B. *It seemed to everyone* that the problem was mortification of the sternum, but because the movement of the heart was evident in the parts to the left of it, *no one dared* to excise the affected bone, for they thought that the necessary result would be a 'connecting passage' [σύντρησις] in the chest. *But I said that I* would excise it without creating what the physicians, for their part, were calling a 'connecting passage.' (**5**, 2.632–33K).

The case of Boethus' wife also fits this pattern; Galen begins by agreeing with "all the best physicians" but ends with an exclusive mandate to treat the patient and a reward of 400 gold coins (**280**, 14.641–47K). In another story, he again begins by describing the opinions of the group treating the patient without distinguishing his own; the story reaches a turning point when the patient sends for Galen in the middle of the night, and he cures the patient immediately by bleeding him (**182**, 10.608–13 K).

Galen often presents the other physicians as part of the patient's history; they

are already treating the patient, ineffectually, when Galen arrives and changes everything. In several cases, Galen specifically describes being called in because other therapists' efforts have failed,[15] and this is implied in many more cases, such as the following:

> C. and next came Diomedes, a rhetor in the Street of the Sandalmakers, for whom even the most well-known of the court [physicians] could not discover the condition of his disease and used a therapy that was the opposite of what was appropriate. But after turning my attention to him for a few days I cured the chronic disease completely. (**275**, 14.624–25K)

In some cases, Galen coyly shuns head-to-head confrontation with his rivals, suggesting that he is not competitive even though the stories are very agonistic in character. He arrives only after the others have left, or he keeps silent when others are offering an opinion.[16] In the case of Boethus' wife, he consults with Boethus privately, "leading him away from the servants and friends who were present in the house" (**280**, 14.646K). In the Eudemus case, Galen avoids becoming involved in a debate during a cattle call, saying "I did not wish to compete with them in words," and offers his opinion only after the other physicians have left (**272**, 14.609K).

Other cases, however, feature a head-to-head showdown in which Galen confronts his rivals directly by interrogating or berating them. In the Eudemus case, Galen confronts Martianus face-to-face on the street, as he is leaving the patient and Galen is going to visit him; they debate a passage of Hippocrates (**272**, 14.620K). The case of the comatose patient whom Galen feeds through a funnel moves dramatically from indirect to direct confrontation (**184**, 10.671–78K). The patient is being treated by Methodist "doctors of the *diatritos*" who prescribe fasting for his fever; Galen "arrived when they had gone" and disagrees. The patient follows his instructions, but the other physicians will not stop insisting on their recommendation, so Galen stages a demonstration on the eleventh day of the patient's illness. First, he allows him to lapse into a coma by withholding food, as the Methodist doctors recommend; then he calls his rivals together in the patient's house and revives him before their eyes, not before subjecting them to a vigorous speech explaining his motives. In other cases, he interrogates the patient's other physicians to discover the problem or to expose their ignorance, just as he sometimes engages competitors in his public debates.[17]

Before the decisive contest, rivals sometimes issue direct challenges to one another or make boastful claims and counterclaims and express skepticism by mocking one another, all features of the story that raise the stakes about the outcome. In the story just described, Galen makes a speech claiming that he will prove the effi-

cacy of his cure before going on to do this in the scene with the funnel. In the case of Maryllus' slave, *I said that I* would excise it without creating . . . a 'connecting passage'" (**5**, 2.632–33K). The detested Methodist Attalus boasts that he will cure his patient Theagenes in three or four days if allowed to pursue his course of therapy (**199**, 10.911K). In another case, Galen writes, "I dismissed the eye-doctor, promising that I would remain and would make the patient pain-free" (**327**, 18A.48–49K). Just as the challenge to prove competence is part of some anatomical demonstrations, it also surfaces in some case histories; Galen challenges one boastful rival to cure a gout patient in the audience on the spot (**224**, 11.432–33K). A rival challenges him to defend his prediction about the periodic recurrence of a fever case, made on the first day of illness (**345**, 94–96 Iskandar). Galen's enemies mock his claim that he will cure Eudemus, an old man, of quartan fever in midwinter and make a counterclaim that the patient will die instead; the event proves Galen correct and results in the complete humiliation of his rivals (**272**, 14.613–15, 619K). Rivals may express skepticism of Galen's diagnoses, predictions, or methods; especially they "laugh at" him (καταγελάω), and he laughs at some in return.[18]

After the contest, the victorious competitor may gloat, and losers may be accused of feeling jealousy or hatred for the winner. Gloating is clearly one purpose of the agonistic stories, as Galen the narrator advertises the victory he achieved as actor in the story he tells. Galen's delight in relating how Attalus ignored his advice and killed his patient, which he turns into a long joke with a funny punch line, is especially transparent. (Attalus had promised to free his patient from phlegm in four days; the prediction came true when the patient died.) But many or most of his agonistic stories serve the same purpose.[19]

Demonstrating Superiority

What kind of contest does Galen posit between himself and his rivals? How does one win? It is possible to identify three key methods of defeating rivals: the mainly physical act of curing the patient, the mainly intellectual process of identifying the patient's problem and predicting the course of the disease (Galen does not distinguish these activities and may refer to either as "prognosis"), and the mainly verbal activity of sophistic debate or persuasion. An evident victory in any of these areas decides the contest, and some cases combine two or all of them. By "evident," I mean that the success must be clearly perceptible to any observers, and Galen often describes the observers' reactions (this will be discussed further in the next section).

Obviously many (though not all) stories end or reach a dramatic climax with

the cure of the patient. In agonistic stories, Galen brings about a cure that other physicians fail to achieve, and it serves the purpose of deciding the contest. This cure may be sudden or spectacular in nature. A debate over the proper therapy for a patient ends when Galen cures him by venesection; "they [the results of venesection] immediately extinguished the fever, so that some of those who were present said, 'Man, you have slaughtered the fever;' whereupon we all laughed" (**182**, 10.612K). The case of Maryllus' slave is striking because of the difficulty of the therapy and unexpectedness of the patient's recovery: "He returned to health completely, in no long time; which would not have occurred, if no one had dared to excise the affected bone" (**5**, 2.633K). Pausanias' paralyzed fingers recover before the eyes of the astounded witnesses when Galen correctly locates and treats the affected nerve.[20] A badly infected wound heals overnight when Galen applies the appropriate medicine, "and all those who were present at this operation understood that what we have often observed was in fact very true, namely that medicines can do nothing great unless those who use them do so competently" (**165**, 10.400K). In another case, Galen sets the scene by deliberately allowing the patient to lapse into a coma, then "standing in the middle" among an audience of the patient's friends and rival physicians, he revives him by feeding him barley gruel through a funnel (**184**, 10.676K). Galen's cure of one patient with eye disease is so quickly and obviously effective that

> D. the thing seemed to have come about almost by some kind of magic, so that he himself [the patient's master] cried out, marveling at the speed of the cure, and all those with him shouted likewise; not because we had done anything great, but because of the comparison with the household physician, who had seen such great harm result from his fear of phlebotomy. (**217**, 11.301K)

The shouting described here suggests that medical contests at the patient's bedside—like the public debates and contests described in chapter 1—were not always calm; they could involve noisy disputation and exclamations of amazement. The contest of deeds was essentially physical, and Galen sometimes conveys a sense of urgency or even violence:

> E. They [rival physicians] became paler and colder than the patient himself, and were considering some method of escape; anticipating that, I ordered the entrance door to be closed. (**184**, 10.676K)

> F. At the same time as I was saying these things he [the patient] drew out [from his nose] a bloody finger; the servant ran up and placed the vessel beneath him, at which, as you know, a great shout arose, and all the physicians fled. (**284**, 14.668K)

Galen repeatedly characterizes his style of medicine as one of deeds, not words (although words and speech are also very important in his self-presentation).[21] He means partly that his ideas are not empty rhetoric but are proved at the patient's bedside. He also means that he is a man of action: medicine is a vigorous, even aggressive discipline requiring him to rush to the rescue, fend off his opponents, and lay hands on the patient.

In some stories, the dramatic climax is not a cure but the solution of a puzzle: Galen deduces the patient's problem from visible signs or information he has received, then demonstrates his skill in a stagy way by describing the patient's symptoms and history (which can be checked against the patient's own experiences) or making a prediction (which can be verified by the result). Diagnosis by means of the pulse alone was especially impressive. In a famous case, he hides his observations to make it appear he has diagnosed a patient only by the pulse. He is able to describe the patient's own symptoms to him without asking, greatly impressing the patient's friend, the philosopher Glaucon (**133**, 8.361–66K). Elsewhere Galen suggests that it is better to pretend not to know information that one has received beforehand, to make it appear that a diagnosis is based only on the pulse or visual inspection.[22] Thus, in the case of Justus' wife, who is suffering from secret love, he pumps her maid for information and stages an elaborate test to discover the identity of the dancer in question, but it appears as though he has made the diagnosis from the pulse alone (he explains that there is in fact no "erotic pulse").[23] Elsewhere Galen diagnoses Marcus Aurelius' gastrointestinal problems with a single palpation of his pulse (**282**, 14.659, 661K) and also identifies a visceral tumor from the pulse only, though it could easily be seen or felt; because the diagnosis was reached by such subtle means and demonstrably correct, it impressed the audience (**343**, 80 Iskandar). The pulse can also act as a sort of lie detector, allowing Galen to deduce from it that the patient is hiding something, as in the case of a wealthy patient who has taken medicine contrary to his instructions; in the story of Justus' wife, just mentioned; and in the story of Boethus' son, who is sneaking food.[24] In one passage from his treatise *On predictions from the pulse,* Galen describes how to gauge the patient's mental state from the pulse and thereby make a strong impression on any witnesses (*Praes. puls.* 1.4, 9.250K).

Skin color plays the role often assigned to the pulse, in the story of a patient named Stesianus. At first sight, Galen is able to dismiss the diagnosis of the patient's other physicians; and he boasts that he was able to identify diseases of the liver and spleen in other patients "having heard nothing about what had happened previously nor recognizing the condition by feeling the internal organs" (**132**, 8.357K). In other stories also, Galen identifies the patient's problem *at a glance.*[25] Not all of

Galen's stories take this approach to diagnosis. He often stresses the importance of careful inquiry into the patient's history and thorough examination of physical signs (see chapter 4, "The Patient's Perspective," and chapter 5, "Perceiving the Patient"). But the agonistic stories that describe a dramatic "Sherlock Holmes"–style diagnosis show that the effect on spectators was crucial to demonstrating superiority—the outcome of the contest rests on their judgment, and the cure or diagnosis is a means to impress them.

Galen sometimes makes predictions about the course or outcome of a disease, generating suspense as the audience awaits their confirmation, or amazement when the predictions come true; hemorrhages, sudden fluxes, and crises (of feverish illnesses) have special dramatic potential. His rivals often, as he claims, compare him to a soothsayer and accuse him of reaching his prognoses by magic rather than art, while his admirers call him a prophet. He sometimes makes dramatic statements calling spectators to witness his predictions or reminds his readers that they heard them beforehand from him.[26]

In many stories, there is an important element of verbal debate or dispute, which is easy to overlook. As I have mentioned, Galen insists that he is a man of action rather than words—no mere *logiatros* or word doctor. Nevertheless, he confronts and defeats rivals with argumentation and persuasion as much as by practical demonstration of his skill. I have shown that Galen describes disputes among the doctors at the patient's bedside; he even gave transcripts of a public lecture to a friend to use against his rivals when examining patients (*Libr. propr.* 1, 19.14K). As I have also mentioned, many cases involve interrogation of the patient's other physicians. In chapter 1, I used the term "Socratic questioning" to describe this kind of dialogue where the questioner is in control and the respondent's views are undermined; it is a technique Galen uses also in his public lectures and debates. A good example is a story from *On the method of healing:*

> G. I tested whether it was possible to change the opinion of the Thessalian ass, so that he would not lose all of his patients but only some of them, and might even be able to save a few sometimes . . . therefore I began the following discussion with him. Did the phlegm appear to you to be in the deepest part of the channel, and that is why you used loosening agents? He agreed that it was thus and that it could not be otherwise. . . . These things seemed to him, *and to all those who were present,* to be spoken truly. (**158**, 10.353–54K)

Galen often reports his own speeches (sometimes at great length) in which he argues the logic of his recommended course and tries to persuade his rivals, the patient, and spectators of his views.[27] One version of the case of Pausanias involves a follow-up scene in which the other physicians question Galen about the nerves and

Galen responds with a lecture that exposes the inadequacy of their theories on the subject; one member of the audience even offers a case from his own experience, including the name of the patient and witnesses, in support of Galen's views (**84**, 8.58–59K; passage 4.E). In some cases Galen plays an advisory role only and takes no action himself other than his attempt to persuade (usually he fails, and the other physicians botch the case hopelessly).[28] Erudition is an important element in his arsenal, as Galen draws on his superior knowledge of Hippocrates to humiliate his interlocutors or to impress his audience. Sardonic and epigrammatic responses to his rivals' questions play a role in some cases.[29]

All of these oral techniques, as well as the verbal jousting through dramatic claims and challenges that I have described—the central role of oral debate and display in many case histories—tie Galen's deeds among his patients to the verbal contests of the Second Sophistic. In the following passage, the themes of persuasion and of demonstration (*epideixis*), as well as the staging—with Galen declaiming "in the middle"—especially recall the sophists.

> H. Then standing in the middle I said, "Clearly you are now convinced (πεπεῖσθαι) of who it is, who has saved the man up until now; and he will be saved even now by us. For if we expected at all that he would die in this paroxysm, we would not have refrained from feeding him. . . . But so that I might refute them and persuade (πείσω) some of those, who listened to those who said that the youth was being destroyed by us, having completely missed the correct time [for therapy], I will now demonstrate (ἐπιδείξω) to them that even in the paroxysm itself, it is appropriate to feed some patients, not to mention before the paroxysm." (**184**, 10.676–7K)

Here Galen will demonstrate his views by the act of curing the patient, but the speech, persuasion, and demonstration are central to the story.

III. AUDIENCE
Witness and Judge

What are Galen and his rivals are competing for? I would argue that they compete for two things: first, for power, especially the power to command obedience from the patient and from one another. For reasons of convenience, I leave the discussion of this theme to chapter 5. Second, they compete for the approbation of the spectators to the events. The spectators' response signals the outcome of the contest and is its main reward—they are judges as well as witnesses. Thus, by "spectators," I mean anyone whose emotional response to the events is described. Often these include the patient's friends and household, but Galen frequently describes

the responses of rival physicians as well: His rivals, acknowledging his superiority, also function as judges. In a few stories, the patient plays the same role, though this is more rare.

One of the most important functions of the witnesses to Galen's deeds is to be impressed. Galen often uses the word *thaumazein*—"to wonder at, to be astonished"—to describe their reaction:

> I. And so this marvelous (*thaumasion*) and unexpected thing—or so it appeared to those who saw it—occurred, that the fingers of the hand were healed by drugs applied to the back.[30]

> J. Eudemus was amazed (*ethaumaze*) and proclaimed my predictions to all those who visited him.[31]

The story in which the audience's response plays the largest role is the case of Glaucon's friend. Here the spectators are Glaucon the philosopher and the patient himself, a doctor from Sicily. This story directly addresses the subject of how to impress an audience as its main theme, describing a scene like a sideshow psychic act:

> K. Realizing that fortune had provided me a way *to be esteemed by Glaucon,* I placed the patient's hand on the false ribs of his right side, and showing him the place at the same time, I said that he felt pain there. And when *he agreed,* Glaucon—who thought that the diagnosis of the affected part had been made from the pulse alone—*was plainly amazed.* So that I might *astonish* (ἐκπλήξαιμι) him even more, I added the following things. . . . While I was saying those things, by chance he coughed in the way I had spoken of; so that Glaucon *was greatly astonished and could not contain himself, but cried out, praising [me] in a loud voice.* I said, "It does not appear to me that these are the only things that the medical art can predict about patients, but besides them what I am about to say in addition. . . ." At this *not even the patient himself remained calm, but he cried out, marveling* together with Glaucon. (**133**, 8.363–65K)

Glaucon's amazement apparently registers on his face—he "was plainly amazed"—but in this story and in that of Eudemus (passage J) verbal responses are important too; the witnesses "cry out" or "praise."

The publicity generated by Galen's success is an important part of some stories. Not only does he impress his immediate audience but his reputation is enhanced as the story circulates. In one passage, Galen writes as though praise were the duty of an impressed witness:

> L. As for that woman's husband, because he was beastly, he was not at all impressed. He attended many of my patients when I had decided about their critical days and about the

> way in which crisis would occur; but he did not praise any of these (forecasts). (**350**, 132 Iskandar, tr. Iskandar)

By retelling the stories in his own work, Galen is of course publicizing them further.

Praise is one of the duties of friendship, and Galen in one place refers to the circle of his supporters as *epainountes,* "those who praise" (**272**, 14.613K). This reminds the reader that Galen's exploits do not usually happen before strangers but within overlapping circles of friends. "Friends"—especially the patient's friends—are the most important audience for Galen's exploits and, one presumes, may be won or lost as a result of the clinical contests he describes.

The theme of praise and reputation is especially prominent in the long story of Eudemus from *On prognosis* and other stories from that treatise, which describes how Galen rose to prominence in Rome. When Galen predicted the course of his fever correctly, Eudemus "praised me alone"; he "revealed my predictions to all those who were attending him; they were almost all of those who were pre-eminent in Rome in rank or culture"; he "shouted to all of us, his friends, as we came in, that Pythian Apollo chose to prophesy to the sick through Galen's mouth"; and the addressee of the treatise, Epigenes, "continued proclaiming the predictions I made afterward in this case and my therapy."[32] When Galen cured Commodus of fever and inflammation of the tonsils, he inspired Annia Faustina—a member of the imperial family—to catalog his successes before the Methodist doctors who accompanied her, apparently as part of her entourage (**283**, 14.663–64K). When Galen cured Boethus' wife,

> M. He [Boethus] sent me four hundred gold coins, and he increased the jealousy of those noble doctors before whom he happened to praise me. And he was eager, as was Severus, to talk about me to the emperor Marcus Aurelius, who was in Rome at the time. (**280**, 14.647K)

Two features of this passage require special comment; the first is the role of the emperor, the central figure of Greco-Roman society. In some ways, Galen's rise to status in the eyes of the emperor is the "plot" that ties the stories of *On prognosis* together; Marcus Aurelius is the ultimate witness and judge, the one whose word and praise incontrovertibly place Galen above all competitors. Galen's cure of the emperor himself takes place in chapter 11 of the treatise: Galen disagrees with the three doctors who diagnose a recurrent fever ("I however kept silent"), and when his diagnosis proves correct the emperor praises it three times, in words that Galen reproduces in direct discourse. Marcus also makes remarks to his chamberlain Peitholaus that emphasize Galen's status as (unique) victor over rivals, saying, "we

have *one* physician" and describing him as "*the first* of physicians" and "*the only one* among the philosophers" (emphasis added).[33] So important is the emperor's judgment as conclusive proof of superiority that those with special access to him—even a privileged slave (Peitholaus, the head of the emperor's household, with whom Galen reports several conversations) and a woman (Annia Faustina) become prominent characters by virtue of that relationship, though women and slaves hardly ever play the role of judges or witnesses, as discussed in the section on "Family and Household."[34]

The case of Boethus' wife is almost the only story in which Galen receives a financial reward. As I have mentioned, he avoids the subject of money and fees and in one passage states that he does not take fees (see chapter 1, n. 10). In this story, Galen emerges from a field of many well-known physicians as the sole competitor to provide a cure. He wins admiration, praise, and a cash reward from the main witness and judge of the event, the patient's husband. The 400 gold pieces of this story are best construed not as a fee or a gift but as a prize (like the large cash prizes offered at agonistic festivals).[35]

In agonistic stories, everything depends on the feelings of the audience—especially, their feelings of astonishment and respect when they see a successful cure. The opposite state of mind is contempt, expressed as mockery. As I have shown, rivals mock Galen when they express skepticism about his skill, in the elaborate display of claims and counterclaims that may precede a cure. Spectators may also mock Galen or his rivals, during the cure or after a failed effort at healing:

> N. And someone else, when the household (*oikeioi*) asked that a suppository be given to a child (or slave, *paidion*), ordered that it should be prepared from the excrement of mice; upon which all who heard this laughed.[36]

The Addressee

Almost anyone in the story can play the role of witness or judge; the only requirement is that his (or, in one case only, her) reaction is recorded. The primary function of the witnesses/judges is to identify the victor in the contest. But they also play another, related role in guaranteeing the authenticity of the story: it is more believable if it took place in front of others who responded with some kind of measurable reaction. That Galen rarely names his witnesses is not necessarily significant. As I have mentioned, there was less need for names and other identifying details if the primary audience for Galen's works was familiar with the events or heard them also from other sources; but although Galen does not supply his

readers with "footnotes" that would allow a stranger to check his information because he is not writing for strangers, he still invokes witnesses to enhance his credibility.

This is most obvious where the witness is the addressee of the treatise. Galen often refers to the addressee—"you"—in his writings, not just in the preface but throughout; the dedication is not just a formality, but rather the addressee may play an important role in the work, including the role of authenticating witness:

> O. Of these things I have you yourself as a witness, Epigenes; and others [as witnesses] to all the other things done by me during my first stay [in Rome]; and you have heard about this from the very people who were healed by me. (*Praecog.* 8, 14.641K)

In his case histories, Galen sometimes reminds the addressee that he was present at the events he describes or that he has witnessed Galen perform similar demonstrations or heard Galen make pronouncements similar to those he refers to in the stories.[37] Most of these instances refer to Eugenianus (the addressee of books 7–14 of *On the method of healing)* and Epigenes (of *On prognosis*), but there are a few examples from other treatises. The phrase he uses most often is "you know" ("you know that I," "as you know" and so forth); in some cases, "you observed," as in "You observed when you were with us at Rome"; or "I shall remind you," as "I shall remind you of the two young men whom you observed together with me"; or occasionally "I have shown/demonstrated to you."[38] For example, Galen introduces one story with the following phrasing:

> P. *I have often demonstrated* this to you clearly on the patients themselves, two or three of whom *I shall now recall* (μνημονεύσω) who were treated recently; one of them, *as you know,* was forty years old. (**194**, 10.856K)

The effect of all of these devices is to enhance the credibility of the story in the mind of the addressee—especially if it is something he remembers himself—and in the minds of other readers of the treatise. But the addressee's direct role in some stories—as "friend" and follower of Galen—also reminds us of the close links between Galen's works and their social context and hints at the complexities of a social situation (the clinical visit), which Galen does not describe in detail because he assumes a basic knowledge of it among his audience.

Friends

Almost any character in the story, including Galen's rivals and the patient himself, can play the role of witness or judge; but in some cases, there is a crowd of ob-

servers beyond these key players, who most often are described as the patient's "friends" or (as discussed in the next section) his "relations" or "household." I have quoted at length (passage K) from the case of the Sicilian doctor in which Galen is primarily concerned with impressing the patient's friend Glaucon, though in this story, Galen also records the patient's own reaction. In one especially complicated story, the patient's servants, friends, other physicians, and the addressee of the treatise all play important roles. The "friends" laugh at the prescriptions of the rival doctors and help the patient to deceive the other doctors—that is, they support Galen in his contest with his rivals:

> Q. When he promised that he would do what they ordered, you know how much laughter arose when they had gone, which we perceived when we arrived a little later. (**172**, 10.539K)

> R. Turning inside [away from the door], so that they would not know that he had drunk wine, he ordered one of his friends to make the answers to the doctors on his behalf, if they should ask anything. (**172**, 10.540K)

Although "we" can refer to a singular subject (Galen), in the first passage, the plural noun probably indicates himself and Eugenianus. Galen arrives on the scene with the treatise's addressee, one of his own "friends and companions" (this is the force of "you know"), and perceives the laughter that has arisen apparently among the patient's other visitors.

The patient's friends advocate for the patient's good care. They challenge the physicians, ask about the patient's health, and in this capacity judge the physician. The bedside is a crowded and contentious scene, and illness is a social occasion with its own rules and opportunities. In the case of the philosopher Theagenes, for example, Galen's Methodist rival Attalus is humiliated precisely before the audience of friends whose judgment is crucial:

> S. He answered *those who asked about Theagenes,* boasting, that things were better. But it happened just as I predicted, that suddenly the man died. And the funniest part of all was that Attalus brought [to see the patient] *some of those friends who were asking how he was doing,* wishing to show them that he was doing so well that he was about to bathe; exulting, he went with many people into the house in which he [the patient] was lying. *Some of his friends* were preparing to bathe the dead Theagenes. . . . And the Thessalian ass won such a reputation when he demonstrated, *in front of so many spectators,* that the man had been freed from phlegm within four days, as he promised. (**199**, 10.914–15K)

The patient's friends are the audience whom Attalus must convince and impress; in the end, it is before them that he is humiliated. A very similar message emerges

from another of Galen's longer and more complicated stories, the case of the fever patient whom he puts into a coma and then revives with barley gruel.

> T. We could no longer bear the jabbering of the doctors, but on the eleventh day, after saying to *the friends of the patient* that today they would know that until now the man had been saved by us, we allowed him to pass the paroxysmal hours [without food]. . . . All of the doctors who had seen him from the beginning were then called together, and we all but risked being torn apart *by the intimate friends* (or household, *oikeioi;* see the section on "Family and Household") of the patient. (**184**, 10.676K)

> U. So that I might refute them and persuade some of *those, who listened to those who said that the youth was being destroyed by us.* . . . I will now demonstrate to them that even in the paroxysm itself, it is appropriate to feed some patients. (**184**, 10.677K)

The audience that Galen is trying to persuade with his demonstration is apparently the patient's friends. He makes his preliminary claim to them; they are the implied audience for his performance (in the event they are described, significantly, as *oikeioi*); Galen emphasizes the competitive struggle for the favor of their judgment when he aims "to persuade some of those [i.e., the patient's friends] who listened to those [i.e., the patient's other doctors] who said that the youth was being destroyed by us."

Here, as in the Theagenes case, the friends are responsible for the patient's care and take a passionate interest in his welfare. In the case of Sextus from *On prognosis,* the patient's aristocratic friend Claudius Severus interrogates both patient and doctor and offers his own prognosis of the disease, summoning Galen three times to consult with him on the case (**281**, 14.651–57K). In one story that Galen tells about his own history, his "companions" (*hetairoi*) not only attend him at his bedside and discuss his illness but care for him physically, "applying wet dressings to my head" (**112**, 8.227K). Another doctor, suffering from an unbearable headache, cuts his own vein "without waiting for any of his friends to arrive" as though their presence and assistance would be normal (**192**, 10.814K). Although servants and physicians—but not, significantly, wives—also care for the patient's body, deep involvement in another's illness is part of friendship as Galen understands it.

Galen brings his own "friends and companions" to the situation—though their role is more subtle—and his circle of friends may overlap with those of the patient. As I have mentioned, the addressees of some treatises are present at his clinical visits; they come with him. Some of the patient's friends actively support Galen, as I have described; one patient's friend, Glaucon, is apparently also a friend of Galen's, and this is how Galen becomes involved in the case. After impressing Glaucon with

his diagnosis, Galen wins a loyal follower and addressee of future treatises. The crowd that witnesses Galen's cure of Cyrillus is the following that collected around himself and Boethus on their way back to the house and includes Epigenes, Galen's friend and addressee of the treatise (**279**, 14.636K). Galen refers to Claudius Severus, the friend of his patient Sextus, as "you my friend" (**281**, 14.655K).

Rivals and Patients

Rivals and, less frequently, the patients themselves may also play the role of witnesses or judges by reacting to Galen's deeds with amazement or some other acknowledgment of his superiority and of their conversion to his point of view. Where Galen's amazed audience includes "everyone," "all who were present" or "all who were watching," this also includes his rivals if they have been important in the story. His Methodist antagonists are prominent in the audience before whom he performs his trick of reviving the comatose patient; like Odysseus about to annihilate Penelope's suitors, he locks them in the room so that they cannot escape (**184**, 10.676K; passage E). In some stories, Galen specifically records his rivals' reactions:

> V. It appeared obvious to everyone, even to those who thought that the fever was semitertian, how they had erred in their opinion. (**156**, 9.682–83K)
>
> W. At first he [a Methodist doctor] did not believe me; when he was forced by necessity to use one of our medicines, the ulceration was cured in three days, and clearly the physician was not as happy about the health of the patient as he was grieved, because he had been educated in a bad sect of the discipline. (**163**, 10.382K)
>
> X. Recently one of those doctors, *in great amazement* at hearing how I have cured many of those having so-called alopecia with a single purgation, began to hate me. (*Purg. med. fac.* 5, 11.340–41K).[39]

Occasionally, Galen describes the patient's own response to the cure but not very often. Normally the patient is the passive object on which he performs his therapies for the benefit of onlookers. Still nothing precludes the patient from acting as witness to, and judge of, his own cure, and in a few important cases he plays this role—especially Eudemus, whose enthusiastic praise of Galen I have described, and the emperor Marcus Aurelius, a special case. Another patient berates his incompetent physician in words that Galen quotes directly ("Wretched me, you have hamstrung me!"). In one set of short cases, Galen writes twice that a patient thanked him; and in two stories where the patient is himself a physician—and thus plays the double role of rival (incompetent to diagnose his own illness) and patient—

Galen describes his amazement or his persuasion to Galen's diagnosis. But by and large, Galen does not record the patient's reactions even in his longest and most rhetorically sophisticated cases.[40]

Finally, although Galen's stories distinguish "other physicians" (often designated "Erisistrateans," "Thessalians," and so forth) from the patient's "friends," this distinction suits his dramatic purposes and muddles a more complicated reality. In fact, a patient's physicians are indistinguishable from his friends; note for example how doctors form part of the aristocrat's entourage with which he (or, in one case, she) normally appeared in public.[41] Like the patient's other "friends," doctors were also present at the bedside during an illness, offering their medical advice. Galen clearly has social, not just professional, relationships with many or most of his patients. Where Galen frames his stories as contests of skill, it suits him to emphasize professional rivalries rather than friendships; suggesting that for him professionalism is closely linked to competition.

Family and Household

Galen's cures usually take place in the patient's house, where it is possible to determine the location. The patient's household, one assumes, must be present; among the crowd that witnesses his exploits, they should logically be included. If by "household," however, the reader understands female family members, children, and servants, the situation is ambiguous. Slaves (whom Galen normally calls *oiketai,* "domestic servants") often serve as assistants or informers but not, as I shall argue, as witnesses or judges; Galen virtually never mentions wives and children unless they are the patients. A subtle but important distinction between "public" relationships (with friends and possibly male relatives) and "private" ones (with slaves, female family members, and children) is apparent.

In several stories, Galen uses the word *oikeioi* to describe part of the audience for his exploits. Its root is *oikos,* the Greek word for "house"; it can signify family members or kinsmen and probably means precisely that when the patient is a woman or a child (or slave), as in two of Galen's stories.[42] However, it can also refer to intimate friends. Although it is not possible in any of the stories to identify individuals who might belong to the category of *oikeioi,* their main function is one also associated with the patient's friends, that is, guarding the patient's welfare. In one story, a patient with an infected ear is being treated incompetently by a Methodist physician; "the *oikeioi* would not allow the Thessalian to touch the ear anymore" and forbade him from pursuing the treatment he recommended (**158**, 10.353K). In the case of the feverish patient who is revived with barley gruel, Galen

"risked being torn apart by the *oikeioi* of the patient" when he allowed him to lapse into a coma (**184**, 10.676K). A doctor whose patient dies is "accused by his *oikeioi* of having killed him" (**335**, 18B.7K). In a treatise that survives only in Arabic, Galen tells the story of an Empiric doctor who convinces the patient's "relatives" (probably *oikeioi* in Galen's original Greek) to choose him over an incompetent rival (**356**, 85 Deichgräber). In another case, "his [the patient's] relatives [again, probably *oikeioi*] and friends were induced to feed him twice at night"; it is to the "relatives" that Galen gives instructions for the patient's care; it is they who become alarmed when the patient's condition appears to deteriorate, and "one of his relatives" visits Galen and challenges him in a way similar to Claudius Severus in the Sextus case (**343**, 78–80 Iskandar, tr. Iskandar).

There is at least some overlap between the categories of "friends" and *oikeioi.* In the story just cited, Galen begins by identifying the patient's caregivers as "friends and relatives/*oikeioi,*" but as he continues, he refers only to the "relatives," as though the two groups were not separate but either identical or substantially so. In the case of the comatose patient revived with barley gruel, Galen "risked being torn apart by the *oikeioi*" in a demonstration for which the primary audience is otherwise identified as the patient's "friends" and other doctors; that is, "friends" and *oikeioi* are apparently identical here. The social world around the sick person is a public, competitive, male one in which the patient's loyal friends and male relatives advocate for the patient, contend with physicians and support one over the other, offer their own opinions on the case, and choose the victor in the medical "contest." It is not a private, domestic scene, even though it usually takes place in a house.

It is true that nothing grammatically excludes women from the generic categories of "friends" and *oikeioi.* It is possible that Galen would have referred to some of his own female acquaintances as his "friends"—he mentions Arria, renowned for the accuracy of her philosophical reasoning and "dearest of all to me," saved from a dangerous illness by the ministrations of the emperors Severus and Caracalla (**268**, 14.218–19K). But just as women do not really play the role of rivals in Galen's agonistic stories, they also do not play the role of witnesses or judges (with the single exception of Annia Faustina, as I have mentioned, who has special status as a member of the imperial family). Galen virtually never mentions talking to, or even interacting with, a patient's wife or female relatives. The exceptions that prove the rule are two cases in which the patient is a child: In the case of Cyrillus, Galen deals primarily with the patient's father Boethus, but the mother also plays a role; and in the case of Commodus, Annia Faustina arrives and acclaims his success.[43] Otherwise, women and children play no role in the stories about his male patients (and in the case of one patient, the philosopher Theagenes, Galen specifically men-

tions that he has no wife or child: **199**, 10.915K). In the same way, Peitholaus is the only slave whose reactions he records. This does not imply that Galen does not deal with women or slaves—he clearly does, especially as patients—and he treats them more or less like his free male patients. But the rivals, judges, and witnesses in the agonistic clinical encounter are virtually always male and free.

Husbands, Fathers, and Masters

Because the role of the patient in agonistic stories is usually passive, stories about female, juvenile, and servile patients can be agonistic in character and very similar to those about male patients: in particular, Galen may face off against (male) rivals whom he impresses and defeats.[44] When Galen, the patient, and rivals are the only characters, these stories are the same as other agonistic stories. However, these stories may also include a male "head of household"—father, husband, or master—whose role is unique in some ways.

What social environment does Galen describe for female patients? Who is around them, with whom do they interact; how isolated are women from men, physically or socially? Here, as always, the small number of stories about female patients renders any conclusions tentative.

Do women have "friends," especially male friends? I have mentioned that one woman, Arria, may be Galen's friend. Annia Faustina is a very public figure, traveling with an entourage of male Methodist physicians before whom she makes a dramatic speech in praise of Galen; Galen also reports a direct conversation with her. However, these are exceptional cases, in which the woman's close relationship with the emperors gives her unusually high status. It is apparent from the story of Boethus' son Cyrillus, where Boethus introduces Galen to the boy's mother so that he may better treat his son (**279**, 14.636–41), that Galen has never met her before despite his close friendship with Boethus. It is very difficult to draw conclusions about Galen's normal social interactions with women based on this evidence, except that Galen shows little interest in women socially.

Galen treats several female patients, and often rivalry with other male physicians plays a role in these stories. Besides seeing female patients, Galen also talks directly with midwives and female domestic servants. By virtue of his profession, Galen interacts with the women of the household in a way he might not as an ordinary visitor—as I suggested in the previous chapter, Galen can claim special access to the private, domestic aspect of a patient's household.[45]

The women in Galen's world are not rigorously isolated from men. They are, however, isolated from the competitive social world of friendship and rivalry that

Galen describes. Female patients do not have "friends." They have midwives, attendants, and servants (when these are mentioned specifically, they are normally female); they have *oikeioi,* which could refer to family members rather than friends. They have husbands, and the husbands may have friends who are part of the audience for the cure.[46] The same is true for patients who are slaves or children: fathers, masters, and their friends play a role similar to that of the husband in some stories about female patients.

One of these functions is to initiate the competition by calling together the contestants. The master, father, or husband is the one who makes the "cattle call."[47] In this, he is like a civic magistrate at a public event and sets himself up as main judge of the proceedings. Boethus even awards a cash prize, while another husband is "beastly" and "not at all impressed" and fails to give Galen the praise he deserves (**350**, 132 Iskandar). Galen may also record the husband's or master's reactions and those of the men in his entourage:

> Y. He himself [the patient's master] cried out, marveling at the speed of the cure, and all those with him shouted likewise. (**217**, 11.301K)

The master in this story gives Galen's rival the nickname "Hemophobe," or "fearer of blood," clearly judging Galen the victor.

This is not to imply that Galen only sees female or servile patients at the behest of their husbands and masters—and a few stories imply the opposite, that the slave or woman came to him independently—nor that he only tells the stories about these patients in order to boast of how he impressed the husband or master.[48] In several stories about women and slaves, he does not mention the head of household and still impresses the reader with his accurate diagnosis, his effective therapy, and his defeat of rivals. But these patients do not make good witnesses or judges—just as midwives do not make good competitors—while the head of household does.

Men and women are not segregated in Galen's stories, but women, children, and domestic servants play a very limited role, even though many of the stories take place in patients' houses, and Galen excludes them from the *agonistic* aspects of his stories (they are neither rivals nor witnesses). If women had some privileged role in the sickroom, this is not reflected in the case histories, which overwhelmingly portray healing as a competitive, male activity.

All of this said, however, in his agonistic stories Galen performs before a crowd, which might have a very broad composition. He often speaks of the audience generically as "those present," not specifically excluding anyone who might reasonably be in the room.[49] Just as anyone might attend an athletic event, but the group of

competitors and judges is much more exclusive, so the patient's house or bedroom is in this sense like a stadium.

IV. FAILURE

Most of the patients whose therapy Galen describes are cured. Also in many cases, Galen does not record the outcome, but the reader may assume, based on his (explicit or implicit) claim to competence in the matter, that the patient recovered. In agonistic stories, just as a demonstrably correct diagnosis or successful cure wins the contest, the opposite—especially the death of the patient—loses it.

Some of Galen's stories record the failures of other physicians; he may play the role of advisor whose counsel is ignored.[50] In these stories a rival loses, even if Galen does not exactly win. These losers face mockery and humiliation from the crowd and contempt from their competitors. The most prominent example of this kind of story is the case of Theagenes the philosopher, whose physician is the Methodist Attalus (**199**, 10.909–16K). Galen does not treat the patient himself but offers Attalus advice in the form of a lengthy speech on the correct recipe for a plaster to treat liver problems (Galen compares his effort to educate Attalus to "tell[ing] a myth to an ass"). Attalus responds with a claim that he will cure his patient, by his own methods, in three or four days. The patient dies suddenly, but Attalus, in ignorance, leads a group of the patient's friends to visit him, hoping to show him "free of phlegm after four days," which in fact he was. Attalus' humiliation before a large crowd of spectators is the punch line of the story; a few other stories have a similar structure and make a similar point.[51] In some cases, Galen does not appear as a character, but as narrator his judgment on the unsuccessful physician's behavior implies his superiority:

> Z. I know a certain doctor, who dared to give to someone who was suffering from three quartan fevers the medicine from vipers, when the disease had not yet reached its crisis. Then as usual everything was increased, and a continuous fever followed, which killed the man (**208**, 11.40K).[52]

In a story that Galen recalls from his youth, he and his teachers fail to cure a patient suffering from a condition that Galen later, as he writes, learned how to treat. Here, he and his teachers act in concert and though a disagreement takes place, Galen does not identify with one side or the other nor is anyone vindicated or humiliated; the "winner" of the implied competition is not Galen the character in the story but Galen the narrator, who, as he implies, could now have saved the patient.[53]

In these stories, failure is simply the reverse of victory. The patient's death sig-

nifies defeat in a contest of skill. There are, however, cases in which Galen tries and fails to cure a patient.[54] These are not agonistic cases, in which rivals or spectators play a role. Galen never portrays himself as loser in a contest. But it is not the case that all his patients survive or that all of his therapies are effective.

These stories of failure come from the treatise *On the affected parts,* which Galen wrote sometime after AD 192, in his sixties. The death of a patient does not necessarily imply the failure of the physician; Galen recognized many conditions that could not be cured—this is an important theme in *On the affected parts*—and predicting whether a patient will recover was, in his view and that of the Hippocratic tradition, an important medical skill.[55] In theory, it is possible for a patient to die and the physician still to win a contest, if he prognosticates correctly; the single example of this in Galen is the ambiguous case of Antipater, also from *On the affected parts,* which I shall discuss in a moment.

However, most stories that end with the death of a patient do not fit this pattern—Galen does not attempt a triumphal tone when the patient dies, and conversely, he often uses a patient's death as conclusive proof of a rival's incompetence. Nor do these stories seem only to serve the purpose of identifying which diseases can and cannot be cured, though that is part of their function. In a few cases, Galen describes his efforts to save the patient at some length; and some have been patients of his for years when they succumb. In one passage, he describes how he gradually learned from experience that coughing up putrefied pieces of lung indicates a very difficult or incurable illness:

> AA. When I saw the last of these patients, I was anxious to dry the interior aggressively, and I turned to scents and drinks suitable for that purpose. I ordered him to smell the so-called "sweet-colored" perfume all day, and to carry it close to his nose; and when he went to bed, to anoint the skin under his nose with one of those expensive unguents obtained in Rome. . . . But although he drank these things for a year, he later died like those with consumption (φθίσις), although he lived longer because of the regimen I have described (**125**, 8.291–92K).

In this story, Galen is proud of his ability to prolong the life of an incurable patient. The case is difficult and one could not reasonably expect him to succeed. However, it belongs to a small category of stories in which the patient dies despite Galen's best efforts to save him. The longest and most rhetorically sophisticated case of this type is the story of Antipater (**127**, 8.293–96K). It has some features of a typical agonistic story: in this case, Galen's rival is the patient himself, who is also a physician. Unable to diagnose his own illness (an anomaly of the pulse), he encounters Galen by chance—probably on the street—a dramatic setup that frames

the narrative as a contest between the two physicians. Furthermore, the story is well known: "*Everyone knows* what happened to Antipater the doctor, who practiced in Rome *with some renown*" (emphasis added). Galen recognizes right away that the case is fatal—"I marveled that he was still alive with such a pulse"—and in a prolonged discussion with the patient expounds his diagnosis. The disease proves fatal after six months of Galen's efforts to treat it.

However, the story lacks the triumphant tone of many agonistic narratives. No reaction from the patient or any witness acknowledges Galen's superiority. There is no decisive moment when Galen's interpretation of the problem is proved correct; he does not, for example, specifically predict the patient's death or the day on which it will occur, nor proclaim to the patient his own symptoms or history. The story ends by describing Antipater's gradual deterioration and death. This is the closest Galen comes to portraying himself as a loser. These cases in which he admits to the limits of his abilities and in which he seems (almost) to acknowledge defeat are rare and are, as I have mentioned, confined to one treatise. Nevertheless, they suggest that Galen thought not only about the fallibility of his colleagues, rivals, and predecessors or of medicine as a whole, but also perceived a sense of personal failure in some cases.[56]

As a side note on an ethical question, Galen does not describe refusing cases when he considers the patient incurable; however, he does describe the opposite, as in the stories cited earlier. Especially, the case histories suggest that he will take steps to prolong the life of a patient he considers terminal or undertake to cure diseases that he considers very dangerous, when he is unlikely to succeed in saving the patient. When he counsels refusing treatment in terminal cases, it is not (as some passages of the Hippocratic Corpus suggest) to save one's reputation but because intervention might hasten the patient's death or needlessly inflict the suffering associated with "heroic measures." Accurate prognosis about the difficulty or hopelessness of a case can prevent damage to the reputation of a physician, who might otherwise be blamed for the patient's death.[57]

Some of the difficult and dangerous cases that Galen undertakes end in success, against all odds.[58] But he does relate a few stories of difficult cases in which his efforts failed. It is understandable that Galen describes his successes more often than his failures and that he never portrays himself as the loser in an agonistic story. This does not mean that advancing his reputation by besting his rivals was his only reason for treating patients or even his only reason for writing about it.

V. CASE HISTORY AND HEALING NARRATIVE

Other stories of healing from the Roman period, besides Galen's case histories, have similar agonistic features. In this category fall the healing miracles of the gospels (especially the synoptic gospels) and other canonical and noncanonical early Christian texts; also the acts of Asclepius, as described by Aelius Aristides in the four autobiographical books of his *Sacred Tales;* and the collection of case histories that survives in Arabic under the name of Rufus of Ephesus, which I discuss in chapter 1 (the section on "Case Histories after the Hippocratic Corpus"). Galen's case histories belong not just to medical literature but also in a wider context of healing narrative.

In the gospels, Jesus normally does not face off against other healers, although in one case he does:

> BB. A woman who had had a flow of blood for twelve years and suffered many things at the hands of many doctors, and had spent everything she had without being helped at all. . . (Mark 5:25–26)[59]

However, he does face criticism or mockery from opponents and earns their hatred with his successful deeds.[60] In many stories the audience is astonished and Jesus gains renown for his acts. In some he tries to avoid publicity, but this only emphasizes that publicity is the expected outcome.

> CC. And he got up, and immediately he took up his bed and went out *in front of everyone,* so that *they were all astonished and praised God* (ἐξίστασθαι πάντας καὶ δοξάζειν τὸν θεόν), saying "we have never seen anything like this." (Mark 2:12)[61]

> DD. Entering, he said to them, "why are you crying and making an uproar? The child is not dead, but sleeping. And *they laughed at* (κατεγέλων) him. . . . And immediately the little girl stood up and walked around; for she was twelve years old. And straightaway they *were overwhelmed with great astonishment* (ἐξέστησαν εὐθὺς ἐκστάσει μεγάλη); and he directed them at length that *no one should know about it.* (Mark 5:38–42)[62]

In stories of exorcism, Jesus competes with demons for power or control over the patient; power is also a prominent theme in Galen's stories that will be discussed in chapter 5. Although Jesus' methods differ from Galen's and there are other important differences between the case histories and Biblical stories—for example, the test is one of power rather than skill, and the patient's own state of mind plays a greater role in some New Testament stories, where his or her faith may be con-

trasted with the skepticism of onlookers—they also have many features in common, especially agonistic features.

Closer parallels to Galen's case histories may be found in the *Sacred Tales* of Aelius Aristides, where a few of the god's cures have agonistic themes. Like Galen's patients, Aristides is accompanied everywhere, and visited at his sickbed, not only by his servants but by "friends" and "companions," including doctors.[63] At times they offer bad advice that contrasts with the god's more effective prescriptions:

> EE. Then the doctors made all kinds of noises, some saying that surgery was necessary, and others cauterization with drugs. . . . But the god decided the opposite, namely to endure and nourish the tumor.[64]

In one case, they despair and inaccurately predict the patient's death.[65] Here, Asclepius plays the role of Galen in stories where the latter defeats a group of rivals. The god's commands—always cryptic, delivered in dreams, and often surprising, as his prescription of ice-cold baths in midwinter—may be greeted with skepticism by Aristides' doctors or other observers and witnessed by a large crowd; some cause astonishment among the audience. The theme of skepticism is also prominent in the miracle inscriptions from Epidaurus, which date from the Hellenistic period.[66]

The features I have ascribed to healing narratives in this section—the themes of rivalry, derision, skepticism, and the impression made on witnesses, as well as other themes such as envy or praise—are not specific to the subject of healing but common to other kinds of ancient literature that describe contests, including contests in athletics, politics, and rhetoric. Like these other activities, illness was not a private, domestic calamity but an event that involved the patient's most public relationships—those with his male "friends." Female and enslaved patients are—in some stories but not always—constructed as members of a household, subject to its head or master; but most patients are males located in the society of friends rather than in the household or family. These formed an audience that not only observed and was impressed or unimpressed by the deeds that took place but also engaged and challenged the healers. The sickroom seems a crowded, public place. I would not wish to argue that this was the only way of experiencing sickness, especially among social classes not well attested in Galen's stories. However, these stories support the idea that sickness did not necessarily isolate one from society but on the contrary could be a social event of some significance.

The agonistic theme is the product of artistry. The events Galen describes probably were much more muddled, confused, and ambiguous in reality. Much of the evidence I cite illustrates competition between Galen and other doctors but also at-

tests to collegiality in the sickroom. For example, Galen often characterizes his rivals as a group working together; he consults on cases, often at the specific request of other doctors who come to him for advice; he and other physicians confer, debate, and sometimes reach consensus in "cattle call" stories; and he teaches medicine just as it was taught to him, by bringing his students to the patient's bedside to observe and to consult. Also, there are indications that Galen saw himself as part of a group of friends, colleagues, and even slave-assistants, as I shall argue in chapter 5. I do not want to suggest a simple contrast between collegiality and competition (nor do I believe these are mutually exclusive; on the contrary, competition between groups requires cooperation within them), nor to characterize Galen's medicine as only competitive. But the agonistic theme is very prominent, and its complexities repay analysis, as I hope I have demonstrated.

The Patient

In agonistic stories, it almost does not matter who the patient is. Even a patient of low status can serve as a springboard for advancing Galen's reputation if he can impress an audience with his skill; and even if the patient had no large household or "friends" of his own, Galen brought his own audience, the friends in his entourage. For Galen, medicine wasn't just a way of climbing the social ladder by ingratiating oneself with aristocratic patients (an attitude he attributes, with vigorous criticism, to others). As he emphasizes repeatedly, it is medical skill—as proven before witnesses—that brings fame and success.

Although patients play an insignificant role in the contest of medical skill, these actors are very important in other respects. The stories begin and end with the patient and are represented as events in his or her life (chapter 2, "Time and Narrative Structure"). However sketchily portrayed, Galen's patients are the best-developed "characters" in the stories; one learns more about them than about any other actors. A focus on the patient reveals another layer of interpretation beneath—or beyond—the agonistic one. They are not just about the humiliation of rivals and the astonishment of witnesses. Galen's stories are about a very intimate, intense, and complicated interaction between doctor and patient.

Galen believed that many aspects of the patient's nature should influence medical diagnosis and treatment. In one passage, he writes:

> A. If one were to draw the first distinction [among patients] according to age, and then according to temperaments, and the faculties, and the other qualities of humans, I mean coloring and temperature and bodily condition and the movement of the pulse, and customs and practices, and the character of his soul—and some would add, that it is also necessary distinguish the difference between male and female, and [to distinguish according to] locality and the season of the year and the other conditions of the air surrounding us—he would come close to the particular nature of the patient. (*Meth. med. Glauc.* 1.1, 11.5K)

But Galen does not portray his patients with the rigidity of a scientific report; the information he offers is patchy and inconsistent. Two exceptional cases may be quoted here to give a sense of what Galen thought was most relevant medically.

These descriptions are not typical—they are far more comprehensive than Galen's descriptions of most patients—but they serve to introduce some of the themes discussed later in this chapter:

> B. The time of year at which these things happened was a little after the so-called canicular days. The man (*anthropos*) himself was around thirty-five years old, dark in color and slender and hairy in constitution; to those who touched him, even when he was well, he exhibited a strikingly sharp heat. He had an abundance of yellow urine, and if he abstained a little more from food, it [the urine] was sharp; his stomach was continually dry, and what passed through was sparse, sharp and dry. His character tended to anger and to anxiety. . . . (**172**, 10.537–38K)

> C. The youth, who was now seized with fever, was twenty-five years old, slender and muscular in body like a dog, and of a markedly dry and warm temperament. He enjoyed gymnastic exercises and was otherwise a serious and industrious type. (**184**, 10.671K)

The first of these passages names the season and describes the patient's age, constitution (dark, slender, hairy), temperament (hot), bodily excretions, and character. The second describes the patient's age, constitution, temperament, and lifestyle. In both descriptions, the patient is identifiable grammatically as male and that does not need to be made explicit. Both descriptions are followed immediately by the patient's "history," an account of what had occurred on the days before the development of symptoms (both patients had been traveling). Medical issues overlap with social, cultural, and moral ones from which they cannot be easily distinguished; furthermore, the patients emerge as characters in the literary sense, with their own history, perspective, and attributes.

I organize my discussion of Galen's portrayal of his patients, with some difficulty, into a section that describes the *categories* into which he mentally divides them (here, I rely largely on the words he applies to them—what he calls them) and a section that explores subtler aspects of character development (including questions of perspective, lifestyle, and morality). This division is not especially logical nor can it be made entirely consistent, but it captures certain complexities in Galen's way of thinking, which I have tried to sum up in the conclusion to this chapter.

I. PRESENTING THE PATIENT

Names and Terms

Galen names very few of his patients. In the Hippocratic *Epidemics* most patients are named or, if they are women or slaves, identified by reference to the head

of their household. I suggested in chapter 1 that in the Hippocratic works, naming patients made the stories easier to refer to—the patient's name signified the whole story, for those who knew it. But closer to Galen's own time, Rufus of Ephesus does not name patients in the stories attributed to him. This suggests that Rufus' and Galen's stories did not circulate separately from their contexts in the same way that the Hippocratic stories did—although Galen occasionally refers to stories using shorthand phrases such as "the woman in love," "the man who bathed himself in mineral baths," or "the slave of Maryllus the mime-writer"; and sometimes he uses the patient's name.[1] Nevertheless, there is plenty of evidence that stories about patients played a role not only in written medical treatises but also in public argument and debate, including teaching. I have described in chapter 1 how Galen argues with his Empiric teacher using references to a series of patients, some of them from the teacher's own practice:

> D. We will ask them [imaginary interlocutors] therefore, the things which I as a young man asked my Empiric teacher . . . when I had recalled two men to mind, whose veins he had himself ordered to be cut; one who was very ill with ophthalmia, and another who had fallen from a vehicle, and then been dragged tangled in the reins for a long way, so that some parts were wounded. Since he was silent, I then called to mind another person, whose blood he had let when he was moderately feverish, but had no pain in the head . . . (**69–71**, 7.558–59K)

I also described a public confrontation between Galen and Erasistratean doctors, which began at the patient's bedside but escalated to a series of public debates. In this confrontation, Erasistratus' stories about his own patients play a crucial role, and Galen also confronts the Erasistratean doctors with stories about their own patients whose botched therapy he has witnessed (*Ven. sect. Eras. Rom.* 1, 11.191–95K). In one version of the story of the sophist Pausanias, whose nerve damage to three fingers he cured, Galen debates with the patient's doctors after the cure; here he solicits a case history from the audience to help refute a popular view on the nature of motion and sensation:

> E. Almost all the others said they had never seen this, but one acknowledged that he had, and he gave the name of the patient and he promised to provide witnesses. (**84**, 8.58–59K)

Because case histories were obviously still used in many of the same ways that the authors of the *Epidemics* used them, I cannot offer a good reason why Galen does not name his patients, since this would have made it much easier to refer to them. Apparently, it was not customary in his time.

Where Galen does report names, it is sometimes because the patient is very well known (for example, as a sophist or as the emperor). He also names the famous subjects of anecdotes that take place in the near or remote past; the emperor Hadrian, the sixth-century BC athlete Milo, the notorious Diogenes the Cynic, and so forth. It can be difficult to distinguish these two categories when the person named is obscure today and Galen does not make it clear how he knows the story. In several stories from *On matters of health,* patients are named perhaps for literary reasons; these stories describe a healthy way of life rather than a clinical event and have some affinities with the ancient genre of biography.[2]

Some patients are named because their social relationship with Galen or with others (such as the emperor) is important to the story. This occurs mainly in *On prognosis,* where Galen identifies Eudemus, Boethus, Sextus, and so on; and in one story from *On the affected parts,* the patient's friend Glaucon (but not the patient himself) is identified by name. Named patients often belong to the intellectual-cultural elite (the *pepaideumenoi*), and Galen is also more likely to call them *aner,* "man" in the sexually specific sense—that is, most patients called "men" are also *pepaideumenoi* and are named. This group includes one doctor, Antipater, and it was probably the group that Galen considered most important socially and the one to which he thought he belonged. That said, Galen does not go out of his way to name even his most famous and culturally accomplished patients; in four stories that he tells about the sophist Pausanias, only one names the patient. Similarly, he refers to his patient Diodorus the Grammarian three times but only names him once. In a few cases, heads of households may be named while the patient (a wife, slave, or child) remains anonymous ("the wife of Justus," "the slave of Maryllus"); this reflects the special status of the head of household in some stories.[3]

Galen uses several words that may all be rendered "patient" in English and often applies more than one of them to the same individual. Sometimes he calls patients *arrhostoi,* a term I discussed in the first chapter. This is his word for patients in stories from the Hippocratic Corpus, or for the stories themselves ("case history"), but he also uses it in a nonliterary sense, where it means literally "the weak" or "sick person." He also uses *ho kamnon* and *ho noson,* meaning "the one who is sick"; occasionally *ho pathon,* "the one who is suffering" or "afflicted"; that is, literally, "the patient." Also attested are *ho trotheis* or *tetromatos,* "the one who is wounded"; *ho katakeimenos,* "the one lying down"; and *ho therapeutheis,* "the one being treated." These words, all participles, are always masculine in gender and Galen does not use them of women or children. For a few conditions Galen uses substantive adjectives indicating the problem: *ho neurotrotos* is "the one with nerve damage." Sometimes he uses a word indicating the patient's professional identity

(a runner, a gladiator, a snake-catcher, a farmer). Often the patient is simply *tis,* "someone."[4]

Galen very commonly uses the term *anthropos,* "person." This word (with a feminine article) could refer to a woman and apparently to a child, but this usage is rare in Galen's work, so that *anthropos* may imply an adult male by default, when no other information is given. However, Galen often uses *anthropos* of slaves (and with the genitive it can be an informal word for slave, "so-and-so's man") but also of wealthy patients, patients of high social and cultural position (including Pausanias), and slave owners; it implies nothing about status.[5] A few patients, as I have mentioned, are called *aner,* a term Galen associates with physical maturity and intellectual accomplishment.

Temperament and Constitution

Galen's works repeatedly stress the theory that patients differ by temperament (*krasis*) and constitution (*hexis* or *schesis*). *Krasis* is literally the "mixture" of essential qualities of hot, cold, wet, and dry and is related to the balance of the four humors in the body (which have these same qualities) and also to the patient's psychological profile or character (temperament in the modern sense). *Hexis* is closely related to temperament in that certain mixtures tend to produce certain constitutions, though other factors such as regimen and climate can also affect constitution. The elements of *hexis* that Galen mentions most often are degree of hardness (hard vs. soft), degree of hairiness (bald vs. hairy), degree of corpulence (fat vs. thin), and coloring (of skin and hair). Character and lifestyle are also related to temperament and constitution.[6]

Temperament and constitution sometimes play a role in the case histories, for example in stories where Galen wishes to illustrate the correct correspondence between therapy and temperament (venesection is good for some temperaments but not others; certain drugs also for some and not others).[7] The theory of temperament is closely connected to ideas of sex and age (see below, sections on "Age" and "Sex"); and the idea of *hexis* is important in stories about peasants. I do not suggest here that the values Galen attached to sex, age, and rural life are traceable to medical dogma but rather that both reflect broader cultural conditions.

Following the Hippocratics, Galen associates temperaments with the seasons, the humors, and also the stages of life. For Galen, children are hot and wet and old men are cold and dry. One thus progressed from a state of greater heat and wetness in childhood to a state of greater coldness and dryness in old age. This idea of gradual chilling and drying was not unique to Galen, though some physicians argued

that old age was cold and wet or that youth was hotter than childhood. Although youth or the prime of life is not, in Galen's opinion, either as hot as childhood or as dry as old age but rather a mean between these extremes, nevertheless he tends to associate this stage of life with the qualities of heat and dryness and with the hot, dry humor of bile. As Galen argues, the heat of men in their prime is sharper because it is drier, but not greater than that of children. No stage of male development is cold and wet, but women are cold and wet. Men in the prime of life represent the most balanced opposition to women; this was in that sense the most masculine stage of life.[8]

The link between temperament and masculinity is most obvious in a passage from Galen's treatise *On temperaments,* in which he associates the hot, dry mixture with qualities typical of men as opposed to women—a broad chest, dark skin, hairiness, hardness, muscularity, vigor, anger, even baldness in maturity; while a cold, wet temperament is also a feminine one:

> F. It is necessary to consider the temperaments of the individuals by reviewing each part separately, and not to conclude, if the chest is hairy, that the whole body of this person is necessarily relatively hot and dry; but the heat is greatest in the heart, and thus he is high-spirited (or irascible, θυμικός). . . . If the whole [sc. hot and dry] mixture of the body is even throughout, for these people the whole chest will be very broad, the veins broad, the arteries large, and with a large and very vigorous pulse; and there will be much hair over the whole body, and the hair on the head will be very fast-growing and black and curly in the first stage of life, but with the passage of time baldness will follow. And for these people the whole body will be tightly strung and well-articulated and muscular, since they have an even mixture, and their skin will be relatively hard and dark, and also hairy. . . . If all parts [of the body] are relatively moist and cold, for these people the chest will be narrow and hairless, and likewise the whole body will be bare of hair; and the skin will be soft and white, and the hair reddish, especially in youth; and when they grow old they will not become bald; and they will be cowardly, and cautious, and hesitant, and they will have small veins that are difficult to see, and be inclined toward fat, and weak in the nerves and muscles, and unarticulated in the limbs, and crooked in the legs. (*Temp.* 2.6, 1.625–26K)

Although it is clearly better to be hot and dry than cold and wet, nevertheless some of Galen's words suggest excess—the pulse of the hot, dry person is σφοδρότατος, or very violent; the body is σύντονον, or tightly strung, emphasizing that this temperament is an imbalance as are all deviations from the perfectly balanced mixture. At the extreme end of this temperament would be the athlete, a type Galen criticizes vigorously throughout his work (see the section on "The Patient's

Lifestyle" later in this chapter). What then is the ideal stage of life? In some places, Galen identifies the perfectly balanced temperament not with the prime of life but with a stage before that—the age of *meirakia* (striplings or adolescents; in Galen, the age of *meirakia* is the late teens and early twenties). Galen repeatedly invokes the "Canon" of Polyclitus as the icon of the ideal, well-balanced human. He knew the "Canon" both as a text and also as a sculpture (though whether he had seen some work of art, most likely a marble copy of the bronze original, identified as the "Canon" or whether he knew it by reputation only is less clear). Art historians usually identify the "Canon" with the *Doryphoros* or "Spear-Bearer," a lithe, beardless young man, not the mature, hairy individual of passage F (and not, of course, female).[9]

Galen obviously associates the hot, dry temperament—typical of the prime of life—with masculinity, strength, and vigor and tends to valorize this temperament. For example, the philosopher Eudemus, one of Galen's most important patients, is described as bilious by nature, lean, hairy, muscular, dark, and hot. Galen does not idealize adolescents in his case histories but gives them effeminate characteristics. Thus, despite his theoretical stance, the more masculine phase of "youth" or the prime of life, and not adolescence, is the standard from which everything else deviates. Galen's references to adolescence as the most temperamentally balanced stage may reflect an erotic ideal: the adolescent is poised between male and female.[10]

Galen refers to children, women, eunuchs, old men (sometimes), and also barbarians as marginal groups compared with the implicit standard of the adult, Greek male. "White" men, eunuchs, and women of northern regions—Scythians and Germans, for example—are exceptionally moist and soft, while inhabitants of southern regions such as Egypt, Arabia, or Ethiopia are dry and hard; the median climate, "our" climate, is ideal.[11] Ethnology was an ancient theme in Greek medicine, especially in the Hippocratic treatise *Airs, Waters, Places* on which Galen wrote a commentary; theoretical associations among the essential qualities, certain features of *hexis* (hair, hardness), and ethnology are sprinkled throughout Galen's works. But they play no role in the case histories; Galen never identifies a patient as a non-Greek nor mentions treating non-Greeks or "barbarians" in a general way, as something he has done. Although he treated both rural and urban patients, and patients from many regions of the Roman empire, he probably did not consider any of them "barbarians."

Constitutionally, peasants and other men pursuing very active lifestyles were the polar opposites of women, children, and eunuchs:[12]

> G. Since the peasant body is hard by nature, it requires the strongest medicines. But since the female body is soft-fleshed, [it requires] the most gentle [medicines]. Thus also those men (*andres*), who are white and soft-fleshed and bath-loving and ungymnastic, and require gentle medicines; and no doubt these [medicines] are also appropriate for children. (*paidia*, *Meth. med. Glauc.* 2.11, 11.137K)

Galen never describes treating a professional sailor, hunter, or fisherman, but he treats several peasants and comments on their hard-bodiedness. Peasants are clearly a marginal group, like children, women, or the aged. Like athletes, they represent medical or typological extreme: in one passage, Galen compares them with farm animals (donkeys) in their constitution.[13]

However, Galen insisted on individual variation in temperament. Some adult men are warmer and drier and thus more masculine than others; some men are closer in nature to women or children than others, as in passages F and G (and **186**, 10.687K appears to be the case of a hot, dry woman). Not all children were hotter than all adults; one must experiment by feeling the temperatures of many individuals to reach conclusions about variation in temperament due to age (*Temp.* 2.2, 1.591–93K). Galen's theory of temperament and *hexis* imagined a continuum weighted toward the center: the adult, urban, Greek male, in the prime of life, was the standard from which all others deviated; he was the normal or ideal type. But this is a generalization only, for individuals in that category might vary in their temperaments.

Age

The most important distinction Galen draws among his patients is age. In some cases, he records the age of the patient in years. Two patients suffering from incontinence are ages around six and fourteen (**88** and **90**, 8.64K); an epileptic is thirteen (**102**, 8.194K); another thirteen-year-old patient with legs that are too slender is treated for several years (**29**, 6.327K). A peasant suffering from a fistula is around fifteen (**244**, 13.402K). A patient coughing up blood is about eighteen (**160**, 10.366K); a woman with amenorrhea and coughing up blood is almost twenty-one (**211**, 11.187K). A fever patient is about eighteen (**206**, 11.28K); another is twenty-five (**184**, 10.671K); another is around thirty-five (**172**, 10.537K); a man whom Galen saw while training with his teachers is "of mature age," forty years old (**170**, 10.504K). Another forty-year-old has colon problems (**194**, 10.856K); still another is overweight (**204**, 10.995K). A physician with headache is fifty (**192**, 10.814K); Antipater the physician, who dies of a respiratory condition, is "less than sixty but more than

fifty" (**127**, 8.293K); a patient with a badly swollen tongue is sixty (**203**, 10.971K). Eudemus—suffering from three quartan fevers—is sixty-two (**272**,14.614K). He is the oldest of Galen's own patients whose age is recorded; but the female friend of the "mother of Nasutus," who dies after a tiring journey, is seventy (**316**, 486 Wenkebach and Pfaff). In a somewhat different category—these stories from *On matters of health* describe a healthy lifestyle, rather than a specific healing event—the physician Antiochus lives past eighty (**30**, 6.332K); Telephus the Grammarian lives nearly to age 100 (**31**, 6.333K); and Galen knows another farmer who lived past one hundred on a diet of goat's milk (**32**, 6.343K).

These are the cases in which Galen gives specific figures for his patients' ages, and even here he shows a strong tendency to use round numbers (a patient is a "fifty-year-old," "forty-year-old," or "in the sixty-year-old stage") and ballpark figures ("more than one hundred"; "between fifty and sixty"; "about eighteen years old"). Age rounding is common on tombstones from antiquity, and there is other evidence that people did not know or care exactly how old they were. Galen's work suggests that exact chronological age had little relevance to medicine.[14]

However, Galen frequently uses terms that place the patient in a certain stage of life (*helikia* in Greek). He does this for male patients only. By far the most common of these terms is *neaniskos* (Galen uses this for about forty-five patients), often translated into English as "youth," but this is somewhat misleading. Two patients called "youths" are forty years old (others are twenty-five and thirty-five), while patients in their late teens are called not *neaniskoi* but *meirakia,* "lads" or "adolescents." Galen refers to four patients with this word, and in several stories about his own youth, he calls himself a *meirakion.* There are no cases of overlap between the categories of *neaniskos, meirakion,* and *pais* (child); Galen never uses more than one of these terms for the same patient in the same stage of life (and one eighteen-year-old patient is called a *meirakion* four times). *Meirakia* (a neuter noun) are no longer children but have not yet reached the prime of life.[15]

In the case histories, one finds four main age groups: children, *meirakia* (adolescents), *neaniskoi* ("youths"), and old men. This scheme corresponds reasonably well with what is attested elsewhere in Galen's work, though Galen's ideas are not consistent, and his terminology is not always the same. Galen may describe those in the stage of life between adolescence and old age as *neoi* (literally, "the young"), or as "those of mature (or middle) age" or "those in their prime"; these are the *neaniskoi* of the case histories. In the second book of his treatise *On temperaments,* in which he links stages of life to the qualities of heat, cold, moisture, and dryness, the three main stages of life are childhood, "the prime of life," and old age, though he also mentions other categories including infants and *meirakia.*[16]

The most complicated scheme that Galen proposes for the stages of life is laid out in *On matters of health.* The first books of this work divide life into seven-year stages (such schemes are attested in other ancient authors as far back as Solon, including a Hippocratic treatise entitled *On hebdomads*). Book I describes the care of children under seven (chapters 7–11) and of those between the ages of seven and fourteen (chapters 12–14). Book II describes the healthy lifestyle of the male subject between the ages of fourteen and twenty-one; this person is called a "child" (*pais*) in the book's first chapter and an adolescent (*meirakion*) in its last, suggesting that the transition between one and the other occurs in this period. Much of this book is about exercise and gymnastic training; it is a formative period. As Galen writes, "about [the boy in this phase] the issue is to what extent, and how, and how best to form and organize the body." Elsewhere Galen associates adolescence with intellectual education (*meirakia* are students). As I have mentioned, Galen sometimes asserts that this stage of life has the ideal temperament, but "striplings" in the case histories do not bear this out; adolescent patients whose qualities he describes are pale, soft, fatty, and thus feminine in constitution, suggesting that the standard patient in his mind was the mature male in the prime of life.[17]

Sometimes Galen divides the period between childhood and adulthood into two: that of puberty, or *hebe,* and that of adolescence or *meirakia.* Pubescent males may be called *epheboi* in his work. I translate this term *hebe* as "puberty" because the Hippocratic Corpus, and Galen's interpretation of it, associate it with an age around thirteen or fourteen and the development of secondary sex characteristics. Galen writes that children pass to manhood through the ages of *hebe* and adolescence, and he criticizes Hippocrates for neglecting to discuss "the [age of] adolescents, which is in between the age of pubescent (males) and those in the prime of life" and for proceeding straight to the "age of youths" (*neaniskoi,* here explicitly equivalent to "those in their prime"). Puberty may thus be followed by adolescence or, as Galen suggests elsewhere, the stage of *hebe* may extend to include that of *meirakia.* Thus, in one passage, Galen describes the development of secondary sex characteristics as a "change from the age of children to that of *meirakia,*" mentioning genital hair, the production of semen, the growth of the testicles in boys and breasts in girls, the onset of menstruation, and the change of voice.[18]

Most references to *hebe,* including all of those just discussed, are comments on Hippocratic passages that mention it.[19] Thus, Galen quotes and comments on the Hippocratic aphorism that epilepsy arising before puberty will resolve, but if it arises later, it will be lifelong. Several times he comments on another passage from the *Aphorisms,* which describes diseases typical of newborn children, teething children, children near puberty, and youths (*neaniskoi*) and suggests that some diseases

will resolve at puberty, but if they do not, they will be chronic.[20] The concept otherwise plays a negligible role in Galen's work; the idea of puberty was more important to the Hippocratics than to Galen. In the case histories, Galen does not distinguish pubescent males from children; a thirteen-year-old or fifteen-year-old patient is still a "child." Patients in their late teens are, as I have mentioned, *meirakia.* Thus, the case histories and Galen's work generally downplay puberty as a turning point or stage of life; instead, patients are either children, "adolescents," or "youths" in the prime of life. What counts for Galen is not whether the patient is sexually mature but whether he is socially mature, a process not complete until one passes through a period of intellectual and physical training and becomes a *neaniskos* sometime in his early twenties. Galen associates adolescence with education of a kind received only by the urban aristocracy; it is an elitist concept. *Meirakia* are still developing, whereas *neaniskoi* are mature, complete adults, and Galen's "typical" patient is a *neaniskos.*[21]

In a few places, mainly following or interpreting Hippocrates, Galen suggests that the age of *neaniskoi* or the prime of life may be followed by a stage of decline that precedes old age—that is, "youth" is divided into two parts. He suggests that the phase of decline may last fourteen years (from age thirty-five to forty-nine), "when they still undertake to do everything in life, almost like those in their prime."[22] In another passage the four stages of life, corresponding to the four temperaments, are childhood, "those in their prime," "those past their prime," and the old.[23] But in the case histories, as I have mentioned, a forty-year-old may be called a "youth" and no patient is described as "past his prime," although one forty-year-old patient is described as "a man of mature years."[24]

Some passages in Galen's work identify separate phases of childhood. He several times mentions newborn infants or *brephoi,* most notably in the first book of *On matters of health,* which distinguishes the care of infants from that of children aged two, three, or four years old; teething is a milestone. Children from seven to ten form a separate category.[25] In the case histories, these distinctions are not so important. More than twenty-five patients are called *pais,* "child" (this word is grammatically gendered and always male in the stories), or a diminutive of that (*paidion, paidarion,* neuter in gender; these could theoretically be girls). Of these, some thirteen or fourteen are Galen's own patients and several stories are ambiguous on this question.[26] Galen uses the terms interchangeably; he does not associate the diminutive words with an earlier phase of childhood. Some patients are called by more than one term; and the word *brephos* does not appear.[27] Divisions within the phase of childhood were less important in his mind than the distinction between children and other age groups. Since he rarely gives the age of any patient,

an anonymous *paidion* could be a baby or a fifteen-year-old unless some detail of the story suggests a more specific age, which is sometimes the case. Two stories are obviously about infants: in a narrative from *On matters of health,* he describes visiting a baby that is crying inconsolably and instructing the nurse to bathe it and clean its clothes (**26**, 6.44–45K); another baby breaks out in ulcers when its wet nurse suffers malnutrition in a famine (**58**, 6.686K). Some children are clearly older than this because they are walking, talking, and wrestling.

The word *pais* and its diminutives could also mean "slave" ("boy"), and some of the "boys" or "children" in Galen's stories are certainly slaves; this can be deduced when Galen refers to the patient's "master" (*despotes*).[28] However, Galen does not always or usually call enslaved patients "boys," but more often refers to them as "youths" (*neaniskoi*), "people" (*anthropoi*), "patients" (*nosontes*), and so forth. It is not clear that Galen ever uses the word *pais* of an adult slave. It is my impression that all of Galen's "children" are in fact juvenile patients and not enslaved adults.

Galen treats children for epilepsy, bladderstone, erysipelas, fever, fistulas, and accidental injuries.[29] In two cases, he directs aesthetic improvements to the children's bodies, reflecting the idea of their softness and malleability as well as standards of beauty: a thirteen-year-old with thin legs becomes a "graceful and well-proportioned youth," following years of exercise and massage, and another child with a thin chest is directed to exercise his arms, voice, and breath while wearing a girdle around his hips.[30]

The role of children in Galen's work is comparable to that of women. The number of cases in which the patient is a child is smaller than those that feature "youths" but still significant. In a few of Galen's longer and more rhetorical stories, the child's father or master plays a role more active and prominent than that of the child.[31] In his medical theory of temperaments, Galen considers childhood a deviation from adulthood in the same way that *meirakia,* women, and old men also deviate from the implied norm and play a marginal role in his work.

Old age is poorly represented in Galen's work generally, and especially in his case histories. A few patients—five that I am aware of—are called "old" (*geron* or *presbutes,* "old man").[32] A series of stories in *On matters of health* illustrate how to live to an old age or the best way to live in old age, but these three subjects are not "patients," strictly speaking, because nothing is wrong with them. Three patients are between fifty and sixty but are not specifically called "old." Though a single passage in *On matters of health* suggests three separate stages within old age, this scheme is not upheld elsewhere in Galen's work; he tends to perceive old age as a single stage.[33]

Although the overall number of "old" patients is greater than the number of

"adolescents," they seem underrepresented since Galen considered adolescence a brief period of life lasting no more than a few years. Because life expectancy in the Roman period was short (twenty to thirty years, probably less in the city of Rome), men and women over sixty were dwarfed numerically by the younger generations, but they were not necessarily rare. They may have comprised about 7 percent of the population, and one might speculate that they were more likely than their juniors to seek medical care. I do not think that Galen's case histories accurately represent the demographics of his practice. He probably told few stories about his elderly patients because they are yet another marginal group compared to *neaniskoi.*[34]

Galen compared old age to a disease; he did not consider it a disease in the technical sense, but for practical purposes, it resembled one. Some diseases can cause people to age prematurely and require "old age nursing" even in youth, and conversely he also compares the care of the aged to nursing the sick. In his treatise *On matters of health,* he recommends for older men a regimen—including physical exercise in the gymnasium—that is a modified version of the lifestyle appropriate for young men.[35]

Old age was thus a condition into which young males gradually deteriorated. To Galen, the aged were marginalized in a subtly different way than women and children. In the stories about women and children, the patients are hardly ever called anything *but* women and children; they are not, by and large, called *anthropos,* "the sick person," or any other such term. The number of cases in which the patient is called "old" is so small that it is not clear whether the same conclusion applies; but at least one patient is called both *presbutes* and *arrhostos* (**288**, 15.698–99K). This may suggest—and intuitively, this argument seems plausible—that in the many cases in which Galen offers no hint of the patient's age, his intended readers would not exclude old men from among the possibilities. The generic *anthropos* or *noson* is probably an adult man but not necessarily a young one nor (as I shall argue) a free man or one of any particular social status. Galen may have considered "old" a pejorative and avoided using the term for that reason. His oldest and most important patient, the sixty-two-year-old Eudemus, uses the word *geron* about himself (perhaps in self-deprecation), but otherwise Galen does not call Eudemus "old"; he calls him by his name. The ninety-year-old *geron* who takes issue with Galen in a dispute about the pulse and later observes one of his cures is not a sympathetic figure (*Diff. puls.* 3.3, 8.653–56K with **152**); nor is the *presbutes* embezzling his master's money in one case history (**278**, 14.633–34K). "Old" is thus more of an adjective in the case histories than an age category. One might imagine that Greco-Roman men, including Galen himself, felt some anxiety about declining from "youth" into a less

prestigious state and for this reason might prefer to perceive a blurred line between "youth" and "old age."

Galen's use of the word *aner* is interesting in this context. *Aner* means literally "man" and Galen should apply it to the most masculine subjects according to his medical theory of temperaments, the *neaniskoi.* Galen uses the word of two philosophers, a rhetor, a sophist, a studious *grammaticus* or teacher of literature, two men also described as "rich," and a doctor.[36] But only two of the "men" are also called "youths" (the teacher and the rhetor); another is forty years old but is called a "man of mature age" rather than a "youth"; and another—the doctor—is in his fifties. I have noted that the sixty-two-year-old philosopher Eudemus, though he is not called *aner,* is also associated with a hot, dry, masculine temperament, typical of men in their prime (1, 1.631K). Thus "men" in the fullest sense are not necessarily "youths" (though no "man" is called "old" either); they are, however, likely to be identified with high cultural prestige and accomplishment. These patients are disproportionately likely to be named, suggesting they held special social prominence in Galen's mind.

Although Galen's works in general attest as many as eight stages of life—infancy, childhood, puberty, the prime of life, the decline of life, and three stages of old age—the four-part scheme that emerges from his case histories reflects those divisions and stages that were most important in his mind: childhood, adolescence, youth, and old age. Of the four, youth—the stage roughly from ages twenty to forty—has pride of place as the category to which Galen devotes most literary attention. In this Galen reflects the broader preoccupations of his culture. Medicine was not the only institution to divide people into age cohorts; the law and, especially, the city did the same thing. Greek cities in particular divided male citizens into cohorts, such as children, ephebes in their teens, *neoi* or young men, and seniors; these were civic organizations with their own leaders and sometimes their own gymnasia. In the athletic competitions that were such an important part of civic life, contestants also were divided into age cohorts. Inscriptions from the Hellenistic period tend to associate *neaniskoi* with military service—the term could refer to the youth under arms (equivalent to *iuventus* in Latin) or to a cohort of young recruits in their twenties—and with athletics and the gymnasium. That is, this is the age cohort that participated most fully in civic life, and women were always marginal to that life, though they were not excluded.[37]

Women were divided into the categories of "maidens" and "women" in civic terminology but not into the larger number of categories typical of men.[38] Also, "old men" were not always a separate category and a generic category of "citizens" might

include "youths," old men, and anyone in-between. Thus, the language of the Hellenistic Greek city roughly reflects Galen's thoughts on the stages of life, for whatever reason; because the city shaped the values of Galen and others like him, or because both medicine and the city drew on larger and more pervasive ideas about age and sex.

Sex: Female Patients

Grammatically, it is usually possible to determine the patient's sex, but Galen sometimes uses words that are explicit. He normally calls female patients *gunaikes* ("women") or a diminutive form of that, rather than *anthropoi,* and he sometimes refers to men as *andres* ("men"). About twenty-five of Galen's stories are about female patients. Of these, about fifteen are represented as Galen's own patients, including Arria, whom he describes as an intellectual and philosophical woman and a personal friend of his ("dearest to me"), and who was saved by the emperors Severus and Caracalla under his direction. Besides Arria none of the women is named, but three (the wife of Boethus, the wife of Justus, and the mother of Nasutus) are identified by the names of their husbands or sons.[39]

Because of the small size of the sample, it is difficult to draw conclusions about the way Galen portrays his female patients. He usually refers to them as *gunaikes* (*gune* in the singular), which means simply "women" and only occasionally as a "person" (*anthropos*) or "someone" (*tis*); nor does he use any of the terms signifying "the sick person" or "the patient" when referring to women. In two stories—possibly concerning the same patient—he calls the patient a *gunaion,* or "little woman."[40] These patients may be young (he does not say how old they are) or possibly slaves. However, it is not clear that the diminutive has any force at all. Commenting on case histories from the Hippocratic *Epidemics,* Galen uses the word *gunaion* to refer to adult women of free status and to two women of slave status. Galen sometimes uses the words *gune* and *gunaion* interchangeably to refer to the same woman. He also uses *gune* to refer to a patient whom Erasistratus calls a *paidiske* ("female child," "girl") and to a Hippocratic "virgin," or *parthenos,* suggesting that *gune* is a generalized term and does not imply sexual maturity or anything about the patient's age.[41]

Galen does not use the word *parthenos* in his own case histories and this word, with the distinction it draws between pubescent, and therefore marriageable "maidens" and married women (*gune* is both "woman" and "wife" in Greek), is quite rare in his writings generally.[42] This contrasts with the prominent role of *parthenoi* in some other Greek medical works, especially in the Hippocratic Cor-

pus, where the treatise *On the diseases of virgins* had a strange and influential afterlife in early modern medicine and (closer to Galen's time) in the gynecological treatise of Soranus.[43]

The age categories into which females were typically divided in Greek antiquity—childhood, "maidenhood," womanhood—reflected sexual status, and this idea also is poorly represented in Galen. His main discussion of the role of sexuality in health in a chapter from *On the affected parts* in which he describes "hysterical" diseases—that is, diseases related to the uterus (*hystera* in Greek).[44] This is the section in which Galen refers to the ancient story of the *Apnous,* or "woman without respiration"—apparently dead, she eventually revived. For Galen the cause of her symptoms is not the displacement of the uterus—the "wandering womb" of some Hippocratic treatises—but retention of the female seed or of the menses; the womb has no special status in Galen's work.[45] Hysterical diseases are, as he writes, most likely to affect widows—women who are accustomed to sex, childbearing, and regular menstruation but then change to a celibate life in which seed or menstrual fluid is retained. Here he tells a story about one "longtime widow" who is cured of hysterical problems when the midwife applies medicine to her genitals, causing orgasm and the release of seed.[46] Thus, widows in this chapter of *On the affected parts* form a distinct category among women defined by their sexual status, but this is almost the only place in Galen's work where the latter is important. Galen tells no stories about his own female patients in this section on the uterus. He writes, "I myself have observed many hysterical women—as they call themselves and as the midwives (from whom it is likely that they heard the word) called them first," distancing himself from the terminology to reflect his view that it is not the uterus *per se* that causes "hysterical" symptoms (*Loc. affect.* 6.5, 8.414). He also tells two stories about male patients who suffer from retention of seed, but neither the retention of seed nor of blood is as noxious for men as it is for women (**144**, 8.418K; **151**, 451K).

The female patients in his stories present with fever, including recurrent fever (three cases); coughing up blood (two cases); "female flux" (two cases); shingles or a rash on the ankle; a weak or loose stomach; insomnia (this is the woman in love, Justus' wife); breast cancer; miscarriage; amenorrhea with cough and difficulty breathing; amenorrhea with fever and delirium; and amenorrhea with weakness and anorexia.[47] Thus, Galen treats female patients for diseases specific to them and for problems that they have in common with male patients. He attributes great significance to regular menstruation in women as a method of purging excess blood; women with suppressed menstruation may develop a variety of noxious symptoms and ought to be treated with venesection. Men also suffer from conditions in which

they retain too much blood, which may be purged through hemorrhoids, nosebleed, or (failing that) venesection. Galen's tendency to discount the role of the uterus and describe women's problems in terms of suppressed menstruation or seminal fluid has the overall effect of assimilating them to men or minimizing the physiological differences between women and men.[48] That he ignores the mystique of the *parthenos* further contributes to this effect; also, with the exception of the stories illustrating "hysterical suffocation," his case histories about women are not introduced to illustrate some problem specific to them, as part of a discussion about women's diseases or the nature of women. The normal or ideal ("archetypical") patient in his mind is a man—specifically, an adult urban man in the prime of life. Women are deviations from that norm, rather than a radically distinct group with its own subdivisions and age categories.

In a few cases, Galen offers social information about his female patients. Two are described as belonging to Roman high society; two patients are described as "not obscure." A few other patients—the wife of Boethus, the wife of Justus, and Arria—also clearly possess high social status. (It is possible that one of the "not obscure" patients, **233**, is Boethus' wife; both are suffering from female flux and treated with purgative drugs). Arria is admired for her intellectual (that is, philosophical) accomplishments. None of the female patients is identified with a profession.[49]

As to moral questions, Galen's corpus contains a few misogynistic diatribes in which he portrays women as volatile, stupid, and vain. In one passage, he blames the typically indulgent habits of pregnant women for the problems of their offspring. His contempt for his own mother's unrestrained violence against her servants and husband contrasts with the reverence with which Galen always writes of his father.[50] However, these themes are dwarfed in number, length, and significance by Galen's vitriolic diatribes against the vices of the Methodists, the "sophists," the Roman ruling class, and other male groups, and they are virtually absent from the case histories. With the possible exception of the story about the "wife of Justus," Galen's female patients are morally neutral or vaguely sympathetic (because, for example, of their unjust suffering at the hands of incompetent rivals), as are most of his male patients. It is extremely difficult to discover in the case histories an attitude that is, for example, hostile toward female patients or otherwise different from Galen's attitude toward male patients. In many ways, his stories about female patients are similar to those about men, and in general, one has the impression that Galen is not very interested in women as a category.

Social Information

It is not unusual for Galen to reveal some social information about the patient in his stories. By "social information," I mean the patient's profession, reputation, rank, place of origin, and (in rare cases) free or unfree status or marital status. Telling details may emerge from the story itself, for example, that the patient is a slave owner (if his slaves play a role in the plot) or has private baths. In this section, however, I will begin by discussing the descriptive words Galen applies to the patients, often in the first few lines of the story.

Among the categories listed above, the one Galen mentions most frequently far is "profession"; by this I mean that he calls the patient (for example) an athlete, a vinedresser, or a grammarian. No female patient is identified with a profession. In many cases, the patient's profession is important to the story because the lifestyle it implies or requires contributes to the medical problem or affects Galen's assessment of the medical situation. For example,

> H. I observed another peasant (ἄλλον ἐθεασάμην ἄγροικον) whose entire finger had been bitten by a viper. Using a pruning-knife which he had at hand—for he was a vinedresser—he cut off the bitten part at the next joint, and was saved without drinking medicine. (**107**, 8.198K)

There are many other stories in which the patient's profession is central to the narrative: a snake-catcher is bitten by a viper, a schoolboy is pierced by a stylus, a steward embezzling money suffers from anxiety and insomnia. Intellectuals also suffer from anxiety, insomnia, and overwork; athletes suffer sports injuries; peasants and agricultural workers suffer wounds and snakebite; gladiators, naturally, suffer grisly wounds. An augur predicts his own demise and thus scares himself to death. If the patient's profession does not cause the disease, it may play some other role in the story that explains its disclosure: another augur, having predicted the successful outcome of Galen's therapy, agrees to try it; a professional snake-catcher cures himself of elephantiasis by eating poisonous vipers.[51]

There are also other cases where the patient's social prominence is important not within the story but in an implied narrative surrounding the story: "*Everyone knows* [the story of the man with nerve damage affecting his fingers] *because of the patient's eminence as a sophist.*"[52] In *On Prognosis,* in which case histories are strung together into a larger narrative describing Galen's rise to prominence in Rome, details about the patients' rank and social connections are tangential to the case histories themselves but crucial to this broader picture.[53]

There are stories in which profession plays no role in the plot but serves only to characterize the patient, especially if he is among the *pepaideumenoi*—the Hellenic or Hellenized cultural elite.

> I. When the Pausanias the Sophist once arrived at Rome from Syria, the two small fingers of his left hand and half of the middle finger were at first impaired in sensation, then completely numb.[54]

Exemplars of a healthy lifestyle in *On matters of health,* and patients treated by the emperors in the panegyrical treatise *On theriac to Piso,* are also described as intellectuals of some kind.[55]

Besides intellectuals, other social categories worthy of special notice are peasants and slaves. I translate as "peasant" Galen's word *agroikos,* literally "man of the field," "rustic." Occasionally, Galen uses the word *georgos*—"farmer"—a word that could include gentleman-farmers such as his father, who moved to the countryside and devoted his declining years to agriculture. But the two words did not necessarily signify a class distinction in his mind; for example, "farmers" can be cannily deceptive in selling their harvest (*Nat. fac.* 1.14, 2.56K). Galen often comments on rural practices or ways of life, especially diet:

> J. Some peoples use polenta (pearly barley) instead of bread, which I myself have seen peasants do in Cyprus. (*Aliment. fac.* 1.11, 6.507K)

Here and elsewhere Galen emphasizes that he has observed the practice himself: He is not isolated from peasant life. The specific context he mentions for his contact with peasants is usually travel; as I mentioned in chapter 2, Galen travels on foot, slowly, and his experience with the countryside seems relatively unfiltered. These stories about peasants evoke a rural lifestyle of isolation, self-reliance, simplicity, and hardship; overwhelmingly, Galen describes treating them for wounds rather than disease. Though Galen sometimes valorizes the practical self-sufficiency of the countryside, these stories—together with the hard-bodiedness that Galen attributes to peasants—suggest an alien way of life. Peasants eat food that is indigestible to Galen and his friends; he treats their wounds with urine and dung, ingredients too harsh and repulsive for his softer-bodied patients.[56] Galen is also sensitive to regional variations in peasant customs, writing of rural traditions "among us" (in Pergamum) or those he has seen or heard about in Cappadocia, Cyprus, and so on, whereas he appears to imagine urban culture as the same everywhere.[57] In his mind, peasants are culturally and even physiologically different from the typical patient.

Galen is rarely specific on the question of a patient's free or enslaved status, per-

haps because he did not consider this information medically relevant. It is also likely that he did not know the status of many of the patients he mentions, as in his world slaves could be found in most jobs and few jobs were the exclusive province of slaves. Gladiators, vinedressers, stewards, a snake-catcher, a gardener, and especially domestic servants (*oiketai*), as well as some patients called "child" or "boy," might be slaves but Galen does not specify this. He identifies only three of his own patients as *douloi,* "slaves." In two other cases, he refers to the patient's *despotes,* "master," who plays a role in the story, but does not otherwise go out of his way to identify the patient as a slave. Stories about slaves resemble those about women and children in that they *may* involve the figure of the head of household, who acts as witness and judge of the proceedings and who also may set up the competition with a "cattle call."[58]

Galen identified with the slave-owning class and kept a large personal staff in two or three separate households; he espouses the moral views traditional to its philosophical system. Reflecting on the proper response to the loss of one's possessions, he lists domestic servants among other items of property, such as farm animals, clothing, and household utensils. He sometimes draws on the common stereotype of slaves as thieving, lazy, and disloyal to their masters. Galen's position on violence against slaves also echoes traditional views expressed in the ethical-philosophical works of the empire's elite classes; they saw in slavery an ethical challenge to the control of emotions, especially anger, and they connected slavery closely with violence. Galen echoes this idea in the memorable story of the Cretan traveling-companion who attacks his two servants with a knife. Otherwise, stereotypes about slaves play little role in his case histories, and many case histories about household servants and lower-class figures are not distinguishable in formal or thematic ways from those about other patients.[59]

Social status plays little role in Galen's case histories. Exceptions include several stories in the unique treatise *On prognosis,* some references to patients in the Hellenized cultural elite (the *pepaiduemenoi*), and some female patients explicitly described as aristocratic. But it is unnecessary to interpret Galen's social characterization of his patients as a way of portraying himself; that is, if Galen wanted to portray himself as a doctor to the elite classes, he would have told his stories much differently.

Does Galen mainly treat wealthy patients or free patients? We lack the evidence to decide. Many patients own houses, but he also treats many in his own house; some have servants, but most stories do not mention them; many have multiple doctors, but these patients could be aristocrats or their slaves.[60] The number of identifiably aristocratic patients—rhetors and other members of the cultural elite, ranking members of the Roman senate, members of the imperial family—is not

much greater than the number of socially humble patients of the slave, working, or peasant classes.[61] One might speculate that Galen treated mainly wealthy or aristocratic patients, and even—based on his thoughts about the patient's lifestyle—that he perceived his typical or ideal patient as a member of the leisure class. But as for the actual constitution of his practice, the case histories allow for no conclusion.

Galen treated slaves, peasants, aristocrats, and of course, for a time, gladiators. Conspicuously absent are references to craftsmen. It is possible that these did not find their way into Galen's company as easily as slaves (who might live in a household where he also treated other members) or peasants (whom he would inevitably encounter when traveling or visiting the countryside). But it is possible that Galen treated craftsmen or the urban poor and does not mention it. He operated a clinic at his house, where patients could drop in or be carried in (chapter 2, "Houses"); his practice could have been quite ecumenical, especially if, as he claims, he did not charge fees. As he wrote in his lost treatise *That the best men profit from their enemies,* "I ask no fees from my students nor from the patients whom I treat. In fact, I gave the patients, when they needed them, not only medicine, drinks, ointments, and similar things; but I even obtained nurses for them, if they had no servants, and I had the necessary food prepared for them besides" (Meyerhof 1929, 84). Elsewhere he writes that the good doctor, like Hippocrates, treats the poor (*Opt. med. philosoph.* 3, 1.58K).

Conclusion

Relatively few of the patients Galen describes are female. By the same token, few of his patients are children; few are peasants, living in the countryside; very few are old. Few are identifiably of slave status. I do not think this necessarily represents the demographics of Galen's practice, but rather, Galen wrote most frequently and most volubly about the kind of patient he considered typical or normal, even archetypical or ideal—the adult urban male of free status, in the prime of life. This "normal" or ideal patient conforms roughly to the Greek idea of the citizen—though the city plays a negligible role in Galen's stories, Hellenic civic culture influences how he perceives and portrays his patients. It is also this category of patient to whom Galen relates most readily; even in those works written in his old age, Galen does not present himself as a senior physician to whom all others defer (though he often refers disparagingly to "younger physicians") but as a vigorous competitor, a full participant in agonistic society. Although Galen tries to dominate his patients in some stories or treats them as passive objects, he also identifies

with some patients; both he and his standard or ideal patient embody masculine, civic values; medicine is a manly, public activity.

On the other hand, there are many socially leveling ideas in Galen's work. One of these is his insistence on individual variation, which tends to blur categories together rather than to impose rigid separations between them. *In his stories,* sex, profession, and social status seem relatively unimportant medically. The exception is the peasant. In their isolation, their self-reliance, their uniquely hard-bodied constitutions, peasants are the most marginalized group in Galen's stories.

Another equalizing factor is the agonistic character of many stories—*any* patient, no matter how humble, could serve as a good showcase for Galen's skills. Although Galen writes about people in marginal categories less frequently than about the "typical" patient, he does not exclude them from his stories nor, obviously, does he avoid treating them. Several statements suggest that he treated women, children, and peasants regularly even if he writes about them less frequently than his adult, urban male patients.[62]

Medical relationships were not just extensions of ordinary social relationships. Galen did not practice "courtly" medicine or "salon" medicine, and it is too simple to say that medicine reflected or reproduced the ideas of its social context, though it did this to some extent. The interaction between doctor and patient could transgress the boundaries that separated men and women, masters and slaves, or perhaps it rather exposed the murky and ragged nature of these boundaries and set up a different kind of social relationship on the margins. Finally, the struggle for power over the patient's household or over the patient himself—this will be explored in the next chapter—may explain Galen's lack of emphasis on the patient's social status. That is, the stories focus on Galen's power *relative to the patient,* not the patient's power *relative to society.*

II. THE PATIENT AS CHARACTER

The Patient's Perspective

It may seem obvious that Galen, using the first person, writes case histories from his own perspective as a character in the stories. But on close inspection, this view is too simplistic. Many case histories have a complex structure in which the perspective shifts from Galen's to the patient's and back: the narrative voice changes from one external to the action to that of a participant in the action; Galen may quote both himself and the patient directly or indirectly in dialogue; and the patient may tell his own history. This can be the case even for short narratives:

K. *Someone who had hit his slave with his hand, and wounded the tendon of the middle finger, at the first joint, became feverish from the coincidence of other causes.* I INDEED, WHEN I DISCOVERED THAT HIS PULSE OBVIOUSLY INDICATED THAT AN ARTERY WAS STRETCHED, NOTICED THAT HIS HAND WAS BANDAGED WITH WOOL; **AND I ASKED HIM WHAT WAS WRONG WITH IT; *but he said that nothing relevant had happened to it. It had been struck, because he had hit someone, and he had placed the usual ointment on it.*** THEREFORE SINCE I FOUND NO OTHER CAUSE FOR THE TENSION IN HIS PULSE, **I ORDERED HIM TO CHANGE THE TREATMENT OF HIS FINGER, AND TO USE THOSE THINGS WHICH ARE APPROPRIATE TO SUCH DISORDERS OF THE NERVES;** *but that man neglected my advice and on the following night suffered a convulsion.* (**154**, 9.495–96K)

L. *Once when Pausanias the Sophist came from Syria to Rome, he had, at first, diminished sensation in the two smaller fingers of the left hand and half of the middle finger; and then, when treated incompetently by his doctors, he had no sensation at all.* WHEN I SAW THIS, **AND ASKED ABOUT EVERYTHING THAT HAD PRECEDED (THE SYMPTOMS),** AMONG OTHER THINGS I HEARD THAT ***he had fallen from his carriage on the road and struck the upper part of his back, and that the wounded part had healed quickly, but that shortly afterwards the damage to the sensation in the fingers had increased.*** **I ORDERED THE MEDICINES WHICH THEY WERE APPLYING TO THE FINGERS TO BE PUT ON THE WOUNDED PART,** *and thus he quickly recovered.* (**110**, 8.213–14K)

Here the patient's history (as told by a third-person narrator) is in italics; Galen's own actions and perceptions (described by a first-person narrator involved in the action) are in small capitals: Galen's words as reported by himself, in indirect discourse, are in bold small capitals; and the patient's words as reported by Galen, again in indirect discourse (in each case the patient tells his own story, but through the first-person narrator) are in bold italics. Each story returns briefly to a focus on the patient at the end as the first-person narrator recedes from the action; it is unclear whether we are to imagine him directly involved in this phase of the story (in passage K, Galen makes it clear that he was not involved).

Often, as in examples K and L, Galen's case histories include a section that narrates the patient's history before his involvement. This is normally told in the third person, as though by a narrator external to the action, and the perspective is the patient's—the focus is on his or her symptoms or sensations, actions, and experiences. In this way, the patient is developed as a character far more fully than the physician himself; it is rare that Galen's own actions before the encounter with the patient, or actions other than those directly relevant to the cure, are related *in his stories about his clinical practice* (though Galen does sometimes tell anecdotes about his own illnesses and other personal experiences). The patient's history plays a role

in most stories and it can equal or exceed in length the story of Galen's therapy though typically it is somewhat shorter.

The patient's history often appears in its chronologically correct position at the beginning of the story. It sets up the problem to which the main narrative offers the resolution. In these cases, especially, it develops the patient as a character as well as explaining background relevant to the disease; and Galen often describes the patient briefly or, sometimes, at length before recounting the patient's actions or experiences. A good example of this kind of introductory narrative is the story of a feverish patient from *On the method of healing:*

> M. The time of year at which these things happened was a little after the so-called canicular days. The man himself was around thirty-five years old, dark in coloring and of a slender and hairy constitution, and to those who touched him, even when he was well, he clearly possessed a sharp heat; he had a lot of yellow urine, and if he abstained somewhat from food it was sharp, and his stomach was continually dry, and what passed through was sparse, sharp and dry; his character was irascible and anxious, and he complained of little sleep and lying awake. At a certain place where he had gone for the sake of business, the man made use of the Albuli [baths], which were not far away, in the seventh (as he claimed) hour of the day, and washed himself three or four times, thinking that he was behaving in a healthy way. From there when he took himself back to the countryside, and he ate food and slept a little; he came to the city late in the evening, where alone in his private bath he became feverish at night. When however at about the third hour of the day the doctors had examined him, they ordered him to pass not only that day, but even the whole next day without food, so that they might guard against the night of the third day, and they went away after saying these things. (**172**, 10.537–38K)

The characterization of the patient in passage M is very rich: He is a masculine type, a youth of hot and dry temperament and associated character and constitution. Travel to the countryside and alienation from the urban environment also contribute to his disease.

An abrupt switch from the third to the first person often signals Galen's entry into the story and the start of the dominant narrative; thus passage M continues, "We then told the servants to bathe him and to feed him, and if the doctors came in the evening, that they should say that the man was resting." However, another sort of transition occurs in the last few lines of passage M, when the patient's doctors appear for the first time. They briefly become the story's main actors, and their words are even paraphrased before Galen appears. They herald the beginning of the story's agonistic theme, in which the antagonists are introduced before the hero. Similar transitions occur in other stories, especially in some of Galen's longest and

most memorable stories.[63] The "cattle call" may also serve as a moment of transition from the patient's story to the agonistic narrative in which Galen emerges victorious:

> N. This slave was struck in the chest in the *palaistra;* at first he was neglected, and later he was attended to badly. And after about four months a discharge appeared at the stricken part. The one who was treating him, wishing to address this, performed surgery on the slave, and, as he thought, quickly got it [the wound] to cicatrize. But it once again became inflamed and swollen, and once again it was operated on; and there was no way it could be made to cicatrize. At this his master gathered together a large number of physicians, including myself, and ordered them to consider the question of a cure. (**5**, 2.632K)

Here, Galen begins with the patient's history, then relates the story of his treatment by a prior physician, and then goes on to the cattle call, which introduces his direct competition with a field of rivals.

Sometimes the introductory narrative is almost entirely the story of another physician's failures and thus is not really the patient's history at all but the first phase of an agonistic narrative.[64] Also, the patient's history does not always form an introductory section easily separable from the rest of the narrative. Often the patient's history is embedded in the narrative, for example when Galen presents his diagnosis in the form of a dialogue with the patient, a very common motif:

> O. I once observed a man who was perfectly healthy vomiting blood, and *asked him to narrate to me* the regimen which he had followed in the preceding days. Among other things which he narrated, *he also recounted* how he had drunk water from a certain well [or fountain, κρήνη] whose water was not entirely pure when he became thirsty at night; a servant had brought it to him. When I heard this, *I asked him further* whether leeches had ever been seen in the water at the well. When *he said* that they had been seen, I gave him the appropriate medicine and made him vomit the leech. (**120**, 8.265–66K)

Sometimes Galen initiates the dialogue with specific questions; in other cases, the patient narrates his story spontaneously. These stories portray diagnosis as a process of deduction from oral clues. At times Galen displays his virtuosity by cleverly extracting the patient's story from friends or from servants, from visual clues or from the pulse, when the patient is uncommunicative or deceptive, or when Galen simply wants to impress his audience.[65] But the background assumption is that Galen normally gets his information by talking to the patient.

Female patients and slaves apparently speak for themselves or are expected to do this:

> P. When I found that she was not feverish, I asked about each of those things in turn, which we know to be causes of insomnia. But she answered with difficulty or not at all, as though demonstrating the foolishness of what was asked. (**276**, 14.631K)

> Q. When we asked about the type of the pain, he [the patient, a slave] did not respond immediately or readily or consistently. And when the master had departed I applied a medicine which had no pain-relieving property . . . and after one hour I got him to confess that he was completely pain-free. (**339**, 19.4K)[66]

In both of these stories, the patient is recalcitrant, but Galen seeks information as he would from any other patient. Even children may be interrogated, though the one story that describes this emphasizes the difficulty because the boy is too young to relate his symptoms coherently.[67]

In stories featuring the head of household—a husband, a master, or a father—this man's voice and point of view tend to overwhelm that of the patient or supplant it altogether. In a striking example, Boethus relates his wife's description of his child's symptoms to Galen while she and the boy are silent in the room (**279**, 14.637K). When Boethus' wife is the patient, Galen's dialogue is with her midwife, her female attendants, her other doctors, and with Boethus himself; Galen does not quote his patient directly or indirectly and emphasizes that at first she was ashamed to be treated by male doctors (**280**, 14.641K). Also in the story of the wife of Justus, quoted in passage P, the patient is conspicuously silent though Galen interrogates her. The silence of women is thus a theme in those stories which specifically evoke the feminine, domestic sphere of the house (see the section on "Houses" in chapter 2). Also in some stories about slaves in which the master is also a character, the master's point of view is better represented than the patient's, and most or all of any dialogue is with him.[68] Nevertheless, Galen begins one story about a steward—probably but not certainly a slave—with a vivid description of the patient's perspective and, most likely, his words:

> R. I recall that once, when I was summoned by a certain rich man living in the suburbs of Rome, I observed one of those who managed his affairs: he was in danger of going blind, as he said, and in great pain.[69]

But afterward, for the rest of the story, Galen records only the master's words and reactions.

This does not mean that Galen gained all his knowledge of his female patients or slaves through the head of household nor that he excludes their words from his stories as a matter of course; as I have mentioned, he does question and talk to women and slaves. The patient's perspective—his or her thoughts, feelings, history,

and perceptions—may be represented even without direct or indirect quotation, and this is the case in some stories in which Galen's main interaction is with the head of household and the patient's words are not reported.[70] But power in the household is an important theme in Galen's stories and probably also in his practice.

The patient's history was told to Galen—normally by the patient himself, but sometimes by the head of household—before Galen retold it to his readers. It is possible (although we lack examples in Galen's stories) that friends and *oikeioi,* attending constantly at the bedside, described symptoms if the patient was incoherent or unconscious and that in the crowded sickroom, aspects of the patient's history might be disputed. In the end, we read Galen's representation of the history and not, of course, the patient's original story. But the patient's self-presentation was a crucial part of medicine as Galen practiced it, just as patient narratives are fundamental to clinical medicine in the West today.[71]

Besides telling their past histories, patients also describe their present symptoms and perceptions in indirect speech (and, occasionally, in direct speech):

> S. Someone . . . perceiving that his fingers were difficult to move and numb and, as it were, making a crackling noise, as he himself called it (ὡς αὐτὸς ὠνόμαζεν), communicated these things first to the doctors in Campania . . . (**44**, 6.434K)

> T. He said that he was finally free of the weight that had been bothering him in the region called the *ephebaion* (the pubes). (**76**, 8.4K)

> U. Recently someone who had been bitten by a scorpion said that he seemed to be struck by hailstones. (**104**, 8.195K)

Even if he or she is not quoted directly or indirectly, the narrative perspective may suddenly shift to that of the patient:

> V. Then on the following night—the third—although no attack occurred on a scale similar to the first one, the patient experienced unbearable heat, and tension in his whole body as though it had been filled up, and a pulsation in his head, and a terrible insomnia as a result of all these things, in which the youth tossed into one position and another. (**182**, 10.611K)

Careful reading—as of passages R, S, and U—reveals Galen's attention to the patient's exact words, for example:

> W. When I returned, I asked the wounded man whether he had felt a sensation of heat at the [affected] part; and he said that he had felt a moderate one. Again therefore I asked

> if he was bitten [sc. felt a biting sensation] at the [site of the] wound from the medicine. And he said that he was not "bitten," but had a sort of itching sensation. (**256**, 13.585K)

Galen's interest in all aspects of language is a very prominent theme in his work, and it is not surprising that he gave thought to the problem of communicating symptoms; I have mentioned his reference to a thirteen-year-old child who had trouble describing the symptoms of an epileptic attack (**102**, 8.194K). The challenge of describing pain receives discussion in book 2 of *On the affected parts* (*Loc. affect.* 2.6–9); Galen rejects the formal terminology developed by Archigenes but allows that some patients lack the skills to describe their pain clearly and that a special vocabulary for pain is necessary.[72] Also in a story about a plague victim, the patient describes his symptoms in a more sophisticated way because he is familiar with medicine:

> X. He said that he clearly felt the strength of the astringent medicine around the ulceration [in his throat], whether this strength had been transferred there, or whether the medicine itself flowed down into the artery and thus to the ulceration. . . . The patient himself was not inexperienced in medicine, but rather was one of those who is experienced at therapy from practice and exercise [of the art]. Therefore he kept saying that he felt the medicine flow down into the artery; then that the cough sometimes moved it. (**159**, 10.362K)

Galen does not share the modern physician's preference for patients who describe their symptoms in simple words without medical terminology or interpretation.[73] Galen believed that educated aristocrats should know something about medicine, and he values this patient's medical expertise.

In the case histories, it is common for the perspective to alternate between the patient's perceptions Galen's. Even though direct speech is rare, these stories resemble dialogue: a back-and-forth negotiation between Galen and the patient (see for example passages K, L, O, and W). A few even resemble formal philosophical dialogues between doctor and patient in which each expounds views in alternating speeches of some length.[74]

The crucial role of the patient's words and perspective in Galen's stories reveals, first, a *patient-centered narrative*—a layer of narrative different in focus and emphasis from the agonistic layer described in the previous chapter. Second, the numerous stories that alternate between Galen's perspective and that of the patient suggest a theme of *negotiation with the patient.* Finally, speech takes on a new dimension. Chapter 3 showed how Galen defeats his rivals with persuasion and verbal virtuosity, like sophistic orators. Here, however, we see the importance of the patient's words and dialogue with the patient.

The Patient's Lifestyle

The Greek word *diaita* is the source of our word "diet," but it did not refer only to food. In medical contexts it is often translated as "regimen," though it also had the broader, less technical meaning of "way of life," or "lifestyle." I use the latter word, to emphasize that the patient's habits or Galen's prescriptions regarding *diaita* not only have a clinical significance; they carry moral and social meaning as well, though this can be subtle. The idea of *diaita* is prominent in Greek medicine at all stages; the Hippocratic Corpus includes a long treatise in four books on *Regimen* as well as shorter treatises *On regimen in health* and *On regimen in acute diseases.*

Lifestyle is a pervasive theme in Galen's stories in sections on the patient's history and in descriptions of therapy. Disease may arise from an imbalanced lifestyle or one inappropriate to the patient's temperament and can be cured by a readjustment of regimen. Custom also plays a role; what is good for one patient because it is part of his normal habit may not be good for another patient unaccustomed to the same routine, and neglect of habitual routines can cause disease. Lifestyle can exacerbate temperamental imbalances or correct them: foods share in the properties of hot and cold, wet and dry that human bodies also have; exercise can heat and dry a patient; baths can heat, cool, moisten, or (in the case of sweat baths and mineral baths) dry him.[75] Thus one passage relates age, natural temperament, and exercise to the qualities associated with the four humors and the properties of honey, a warming and drying food:

> Y. They were arguing with each other about honey; and one of them was older and by nature more phlegmatic, and idle in lifestyle and in every other activity, not least regarding the exercises of the bath [sc. gymnastic exercises], and for this reason honey was useful to him; the other however was bilious by nature, and thirty years old, and in his everyday activities he tired himself a great deal; therefore rightly the honey was turned quickly into bile in him, and for this reason was harmful to him. (**50–51**, 6.470–71K)

The element of lifestyle that Galen mentions most often is food and to some extent drink: wine receives detailed discussion for its various properties and can be used therapeutically, but drunkenness is mentioned infrequently, as though Galen did not consider it an important medical issue.[76] Bathing is the next most common theme; after that, exercise. Sleep is a topic of some importance, especially when Galen discusses psychological illnesses; insomnia can cause deadly fever. Travel is mentioned occasionally, as I have discussed in chapter 2; professions, and

the habits specific to some of them, play a role in many stories. By comparison, references to sexual habits are infrequent, but they do occur. Food and exercise are topics that Galen discusses extensively in his broader work; especially in his books *On the powers of foods, On the thinning diet, On barley gruel, On the exercise with the small ball,* and *On matters of health,* which prescribes a healthy lifestyle with some variations for age, constitution, and social situation.

The subject of exercise is especially complex in its social and moral implications. Galen recognizes two main forms of exertion: "gymnastic" exercise (*gymnasia*) and work (*ponos* or *erga*).

> Z. I call the types of exercise (γυμνάσια) wrestling, the pancratium, boxing, the footrace, and other things of that sort; and some of these belong only to the class of exercises, but others are not only exercises but work (ἔργα). Exercises are those already mentioned, and besides those arm-swinging, running by continually shortening the course (ἐκπλεθρίζειν), shadow-fighting, wrestling with hands, jumping, throwing the discus, or working out with the punching-bag, or with the ball, either small or large, or leaping with weights. Both exercise and work are digging, rowing, plowing, pruning vines, porting, reaping, riding, fighting under arms (ὁπλομαχεῖν), traveling, hunting, fishing, and whatever else in turn people practice, whether skilled or unskilled, for a living by necessity; whether building houses, or forging metal . . . and once when we were detained in the countryside in the winter, we were forced to split wood for the sake of exercise (ἕνεκα τοῦ γυμνάζεσθαι), and to throw barley into a mortar and crush and grind it, which every day people in the countryside were doing as work (ἔργα). (*San. tuend.* 2.8, 6.133–34K)

Depending on the point he is making, Galen may argue that the term *gymnasia* (a neuter plural) refers to the exercises of the gymnasium only or that it should refer also to utilitarian exercises (that is, work), but he clearly perceives a distinction.[77]

In passage Z and also in other places, the modern reader might subdivide the category of "work" into two or three, including aristocratic pastimes such as hunting and training for warfare and manual (agricultural or craftsman-like) labor. Another category not mentioned here but also prominent in Galen's work is "white-collar" labor associated with business and prestigious professions. A doctor, for example, may walk extensively on his rounds; a man of business may fight or argue vigorously (Galen, like others of his day, recognizes oratory as a form of exercise though we have lost his main discussion in the treatise *On the voice*).[78]

Galen connects exercise closely with social class. "Gymnastic" exercise is equivalent to, but distinct from, manual labor; it is a leisure activity, and the ideal lifestyle is one in which the patient has perfect leisure to care for his body:

> AA. I believe it is necessary that this [ideal] way of life (βίος) has been freed from all necessary business and has leisure for the body alone.[79]

It is associated with the gymnasium, a public building, and thus with civic and urban life.

Passage Z gives a sense of the highly specialized nature of gymnastic exercise and some of the apparatus involved. It is connected with bathing, as I have described in chapter 2; and large bathing complexes were indistinguishable from "gymnasia" and were often called that. Galen associates massage closely with exercise and with the baths; in *On matters of health,* a normal exercise routine is followed or preceded by massage. Anointing, scraping, removing clothes (gymnastic exercise was performed naked, *gymnos*), and other aspects of gymnastic exercise had their own customary procedures and their own space in the gymnasium. Professional trainers—*gymnastai*—worked with athletes in the gymnasium; Galen refers frequently to them or to their expertise.[80]

Although Galen does not recommend exercise for all people, he clearly considers a "gymnastic" lifestyle to be normal and healthy in most circumstances, and it is the lifestyle that he follows himself. Together with a careful diet, he writes, gymnastic exercise has kept him healthy since age twenty-eight. In his treatise *On the exercise with the small ball,* Galen recommends light over more vigorous exercises, especially wrestling, which he describes as dangerous, but this point is a rhetorical one—the treatise is a lighthearted encomium of the exercise for which it is titled. It is clear from other references (such as passage Z) that Galen considers the full range of gymnastic exercises, including wrestling and the even more dangerous *pancration*—a sort of ancient kick-boxing—to be part of a typical or healthy lifestyle, even though the dangers of wrestling are well attested in his case histories. Galen himself suffered an injury to the collarbone while wrestling at age thirty-four and claims to have proved himself stronger than some athletes.[81] He appears to consider wrestling in particular to be a normal activity for men of his class:

> BB. I encourage you to touch often while they are healthy those close friends (*oikeioi*) whom you think you are going to see as patients some day, at a time in which their body has no unusual motion arising from walking or running or bathing or anxiety or eating or drinking *or wrestling* or anger or fear. (*Syn. puls.* 9.451K)

Galen disapproves of the lifestyle devoted only to exercise—the lifestyle of the athlete—which, in his opinion, also creates a sharply imbalanced constitution. Again, although the heavy athlete is especially associated with wrestling, boxing, and the *pancration,* these activities can be part of a healthy lifestyle, as wrestling is a part of Galen's own regimen.[82]

Although not all "gymnastic" exercises Galen describes or prescribes necessarily take place in *gymnasia* or *palaistrai,* nevertheless their association in his mind with these public buildings is obvious. There is a psychological link between exercise and public, civic life. Gymnastic exercise is competitive: part of what distinguishes it from labor (such as digging or reaping) is that its practitioners "train in exercising (γυμνάζεσθαι) against the athletic strength of their rivals" and "competitiveness" or *philoneikia* is typical of "gymnastic" types (passage CC).[83] Galen also associates gymnastic exercise with beauty: the right exercise program can correct an imbalanced or disproportionate body; conversely, physical imbalances may limit or prohibit gymnastic exercise; and he criticizes athletes (who embody the abuse of exercise or inappropriate focus on one kind of exercise) as ugly. In *On matters of health,* the hypothetical subject—of perfect constitution and perfect leisure to devote to self-care—is called in one place a "gymnastic youth" (νεανίσκος γυμναστικός). The connection between gymnastic exercise and social status could not be clearer: Galen's ideal or typical patient, the urban male in the prime of life, belongs to the "gymnastic" class. The athlete represents a perverse extreme, so dedicated to exercise that his body is useless to the city—and incidentally, to his friends when they are sick; the athlete devoted to exercise is hopeless at advising and cooperating in their treatment.[84]

Perhaps the best example of the "gymnastic" type is a youth from *On the method of healing:*

> CC. The youth, who was now seized with fever, was twenty-five years old, slender and muscular in body like a dog, and of a markedly dry and warm temperament. He enjoyed gymnastic exercises and was otherwise a serious and industrious type. . . . He went to the gymnasium intending to bathe; when he had been anointed, he had a massage together with one of the youths there. And when asked by [the other youth] to move a little, a quarrel (*philoneikia*) broke out between them, the kind which gymnastic types (*gymnastikoi*) are often accustomed to fall into. . . . As he was leaving the gymnasium, he encountered some of his friends (*hetairoi*) fighting; he separated them, without realizing that he was again undertaking no small additional exercise as he dragged them apart, and shoved some of them, and seized others around the waist, and objected to some of them that they were doing wrong, and became angry on behalf of those wronged, so that he returned home extremely dry. (**184,** 10.671K)

This subject is the archetypical patient or citizen; civic values and masculinity converge in a *neaniskos* of naturally warm and dry temperament, prone to the masculine fault of anger, an avid practitioner of gymnastic exercises who actually visits a public gymnasium in the story, and participant in the competitive male soci-

ety of "friends and companions" that pervades Galen's stories. A loyal friend and agonistic type, he may remind the reader of Galen himself. Galen connects himself to his patient (and interestingly, to his rivals) in this story with the word *philoneikia,* literally "love of victory"—accusing both himself and the patient's other physicians of possessing that quality. There is a subtle equivalence between Galen and some patients, especially those who embody Hellenic civic values.[85]

Galen never describes women as exercising or prescribes gymnastic exercise for women. The subject in *On matters of health* is presumed male, and Galen gives no consideration to the proper regimen for women except for wet nurses (in *On matters of health,* where he warns them against sexual intercourse) and occasional exhortations to pregnant women. Galen advises the latter to exercise, but by doing domestic chores; the world of the gymnasium and gymnastic exercise is very male. Galen and other Greek medical writers assume a passive lifestyle for women that accounts for many of their distinct physiological qualities—their colder, moisture nature and their need to expel excessive blood through menstruation. For most men, exercise uses up any excessive blood, but some men may habitually purge blood through hemorrhoids, and men with illnesses traceable to an excess of blood may be purged through venesection or naturally through nosebleed. Men with an "ungymnastic" lifestyle are more like women (see passage G).[86]

At the other extreme, Galen also comments on the sexuality of athletes. Athletes try to limit sexual activity (including nocturnal emissions); they may have shrunken sexual organs, and thus, paradoxically, they would be good candidates for castration if the procedure did not also impair bodily strength. In general, Galen advocates a life of moderate sexuality and emphasizes the dangers of overindulgence more than those of restraint; in a culture where self-control, including sexual self-control, was a hallmark of masculinity, the athlete is once again an example of a perverse extreme.[87]

As I have mentioned, Galen differentiates exercise from labor but also links the two; and even, in some passages, suggests that "work" is preferable, as more useful, to gymnastic exercise.[88] He perceives an equivalence between gymnastic exercise, a leisure activity of the Hellenized urban elite, and work, even manual labor performed by rural peasants and unskilled workers:

> DD. You can test this [idea] that I am talking about on boys who exercise in the *palaistra,* and on others who pursue strong and vigorous actions, such as digging. (*Aliment. fac.* 3.2, 6.661K)

In passage Z, Galen himself, when forced to remain in the countryside over the winter, performs agricultural "work" as a type of exercise. Physiologically, it is their labor

in the field that makes peasants more hard-bodied than their urban counterparts. Here peasants occupy a place opposite, but parallel to, that of the heavy athlete. The athlete represents a perverse extreme of the aristocratic lifestyle, but the peasant is an example of a lifestyle dedicated primarily to work—*erga*—as opposed to exercise.[89]

Another category of exercise might loosely be termed "business"—walking (as a doctor on rounds) or generally moving about in public; talking, as in heated discussion (oratory being considered a kind of exercise); or attending to civic or private affairs. But Galen also represents work of this kind—and the work of urban slaves—as interfering with gymnastic exercise by cutting into leisure time. Unlike peasants, for whom work and exercise overlap completely and who have no access to the gymnasium or relationship to "gymnastic" exercise, businessmen and urban slaves are urged to take time from their busy schedules to exercise in the gymnasium; *On matters of health* includes a short section of instructions for men in this category, especially slaves.[90]

Galen writes of two of his patients that

> EE. One was a free man, a gymnastic type; the other was a slave who was not ungymnastic himself—not, to be sure, very good in the *palaistra,* but skilled in the daily exercises and labors that it is appropriate for slaves to perform. (**182–183**, 10.608K)

Here again Galen equates gymnastic exercise with other types of labor, in this case the work of urban slaves. But urban slaves may also do gymnastic exercise, even if, as in this case, with less skill than their masters. Another servile patient, the slave of Maryllus, is badly wounded in a wrestling accident (**5**, 2.632–33K).

Gymnastic exercise, characteristic of the leisure class, is also typical of an urban lifestyle. Both slaves and their masters might be found in the *palaistra*—and this is not the only way in which slaves, especially domestic servants, resemble their masters *in lifestyle* more than any other class. For example, some enslaved patients become the subjects of agonistic conflicts between physicians, just like their wealthy masters, or receive elaborate or heroic therapy.[91] Unlike peasants, they inhabit urban houses or exercise in public buildings, like their masters. Galen's view of slave patients suggests not so much a separate sector of society as a stratum within the elite household; certain urban slaves might share a lifestyle difficult to distinguish medically from that of their masters. That Galen also does not go out of his way to identify the enslaved or free status of many patients, or even of domestic servants, also suggests a world in which slavery blended seamlessly into most social sectors rather than one in which slaves formed a clearly distinguishable class. The duality between urban and rural life—between peasants and city dwellers—is more pronounced than that between aristocrats and slaves.

Even more clear is the role of "gymnastic" exercise in the self-definition of the class to which Galen laid claim. Hellenic, civic virtues are exemplified in the life of Antiochus, who lived into his eighties and who was, like Galen, a physician; his lifestyle combines professional "work" and gymnastic exercise, intellectual activity, and public life:

> FF. When he was more than eighty years old he would go out every day to the *agora* (the forum or civic center) to the place where the council of citizens took place, and leaving there he sometimes made a long journey for the sake of examining patients. But he would walk to the agora from his house, a journey of about three stadia; and thus he would also see patients on the way . . . sometimes engaging in conversation with others, and sometimes reading by himself, he would pass the time until the seventh hour; after which he was massaged at the public bath, and performed the exercises (ἐγυμνάζετο . . . γυμνάσια) appropriate for old men. (**30**, 6.332–3K)

Character and Emotion in the Case Histories

A few patients are well developed enough to be called "characters." The patient in passage CC is an example. I hope that I have also demonstrated how certain neutral-sounding descriptors, such as the word *neaniskos,* or "youth," can carry social or moral weight. A full sense of the patient as character is not accessible to the modern reader because, to understand the nuances of a description, one must be immersed in the culture that produced it. Even at the time, different readers might have interpreted the same description in different ways; Galen might manipulate that tendency, and so forth. Very few stories have obvious moral overtones or messages; passage CC, read carefully, is an exception, for it is arguably a tendency to irascibility—typical of "gymnastic" youths—that brings on the patient's illness. Another patient who wounds his hand hitting a slave can be described as succumbing to anger—hitting slaves is one of the actions characteristic of that emotion (passage K).

Galen's treatise on psychological illnesses—*On diagnosing and curing the disorders of the soul*—is his longest discussion of emotion; it resembles ethical, philosophical treatises, such as Seneca's work *On anger,* and is framed as a response to one such (lost) treatise by the otherwise unknown Antonius the Epicurean. The *pathe*—diseases or "passions"—discussed at most length are anger (Galen uses the words *thumos* and *orge,* apparently interchangeably), desire (*eros,* irrational or excessive attraction to food, money, or sex), and *lupe,* which can be translated as "grief" (for something lost) or "anxiety" (about a present situation or future contingency). Although he gives examples of all of these vices or emotions in the trea-

tise, in his work generally anger and especially *lupe* are much more important than gluttony, sexual incontinence, and other manifestations of *eros.*[92]

Anger and *lupe* are related; certain temperaments or individuals combine a tendency to anger with a predisposition to *lupe* or to the closely related concept of *phrontizein.* The latter signifies intense mental activity, "thinking" or "worrying;" it can be translated in some contexts as "anxiety." The patients with this tendency are generally hot, dry, youthful, and male—Galen's normative or "ideal" type is susceptible to anger and *lupe.* An example is the patient described in passages C and CC: He is "serious" (or "thoughtful," "anxious," a *phrontistes*) as well as inclined to competitiveness and is made ill when he becomes angry (θυμούμενος).[93] The patient in passages B and M above is likewise of a warm and dry temperament, likewise in the "youthful" stage of life (age thirty-five) and also described as *oxuthumos* (sharp-tempered) and *phrontiskos* (thoughtful or anxious). A grammarian suffers epileptic seizures when beset by *lupe* or *thumos;* or, in another passage describing the same case, when he "worried" (ἐφρόντισεν) or "became angry" (ἐθυμώθε).[94]

This connection between the masculine, warm and dry temperament, intellectual activity, and anger suggests an imperfect but noble character well-suited to the competitive, highly intellectual but also vigorous and aggressive milieu that Galen's work often suggests. Although Galen praises himself at length in *On diagnosing and treating the disorders of the soul* for his victories over anger and *lupe,* he also admits to competitiveness and irascibility in some case histories, for example, when he becomes exasperated with the Methodists treating the patient of passage CC and himself indulges in *philoneikia* or when he raises his hand against his rivals in a debate with Erasistrateans over the necessity of bleeding a female patient:

> GG. While they [Erasistrateans] were still saying these things a certain Teuthras, a countryman and schoolfellow of mine . . . said "you will never bend these people. . . ." Then laughing at these things he pulled back my hand (ἀνελιττόμενος τὴν χεῖρα) and dragging me by force he led me away from the physicians. (*Ven. sect. Eras. Rom.* 1, 11.193K)

Once again there is a resemblance between Galen's normative or ideal patient and the physician himself.

The masculine constitution described in passage F is among other things *thumikon,* "spirited" or "irascible," prone to anger. Galen's association of anger with a youthful, masculine temperament suggests a tendency to valorize it as the fault of competitive men with a well-developed sense of honor—one may become angry as a result of perceived wrongs, as the youth in passage CC. Anger is understood as a response to an insult, a desire for revenge:

> HH. We have two irrational faculties in our souls. The function of the first is to become angry (θυμοῦσθαι) immediately and to become enraged (ὀργίζεσθαι) at those things which seem to offend against us. Another [function] of this [faculty] is to rage for a long time. (*Anim. affect. dign.* 6, 5.28–29K)

Anger plays a special role in a social economy in which status is continually challenged and tested; it is linked to honor. This theme of honor and anger is pervasive in Greek and also Roman literature and is sometimes described as typical of Mediterranean cultures generally.[95] However, a more depraved form of anger—and this is also a theme that pervades Greco-Roman literature, especially Stoic philosophy—is linked to violence against unworthy objects. Examples of irrational, uncontrolled anger describe violent assaults on inanimate objects or, especially, on slaves. A man, unable to open a door, kicks the door and bites the key; others hit their slaves in the teeth and suffer the predictable consequences of such highly infectious wounds; Galen's irascible mother bites her servants; in one of Galen's most memorable stories, an otherwise respectable traveling companion nearly kills his two slaves in frustration over lost luggage. Galen claims never to have hit a servant with his own hand, a boast made also by the philosophers Plato and Seneca. The problem patient of passage K comes under implied censure: Ignoring Galen's advice, he suffers a convulsion as a result of an injury contracted while hitting a slave.[96]

The theme of violence against slaves reflects an aristocratic society in which slavery meant increased vulnerability to violence and in which self-restraint was the main check on the unbridled dominion of master over slave. Anecdotes and examples of the kind Galen provides in *On diagnosing and treating the disorders of the soul* abound for the purpose of the moral education of the slave-owning class. In this ideology, women may especially lack self-control and be prone to outbreaks of violence against slaves, as in the case of Galen's mother. Thus, while one type of anger—outrage at injustice or injury—is characteristic of a masculine temperament, when overindulged or directed against unworthy objects it is the opposite, an effeminate failing.[97]

When Galen discusses grief or *lupe* in *On diagnosing and treating the disorders of the soul,* he describes it as psychic pain over something either treasured and lost or desired and unattainable: especially material comforts, reputation, or sex. Naturally, he condemns the emotion and congratulates himself for his conquest of it, the result of decades of discipline; Galen even produced a treatise *On the absence of grief,* which emphasized his reaction (or lack thereof) to the loss of his collection of books, including many written by himself, in the fire that consumed the Temple of Peace and nearby store-rooms. But a grammarian whose books suffered the

same fate contracted insomnia, then fever, and died. The death of a friend can have the same effect.[98]

Lupe destroys patients by causing insomnia, which in turn causes fever and sometimes wasting. A whole series of stories from Galen's commentary on book 6 of the *Epidemics* describes patients who die of fever caused by the insomnia that results from their grief (**313–321**, 485–87 Wenkebach and Pfaff). In *On the method of healing,* a woman suffering from "insomnia and *lupe*" becomes very ill with hectic fever (**186**, 10.687K). Three cases from *On prognosis* follow the same pattern. First Justus' wife, in love with an actor, is afflicted with *lupe* and insomnia:

> II. I was called on to examine a woman who was sleepless at night. . . . I believed that she was suffering from one of two things: either she was dispirited because of black bile, or she was aggrieved (λυπουμένη) at something she did not want to admit to. . . . Talking to her maid on various subjects I learned for certain that she was distressed by *lupe.* (**276**, 631–32K)

A slave steward who is embezzling money from his master or who has somehow lost track of money through incompetence is

> JJ. anxious (λυπούμενος) because he was going to have to hand over the accounts . . . he was sleepless with worry (φροντίς) and, being anxious (λυπούμενος), was wasting away. (**278**, 14.633K)

In these cases, an illicit secret can cause *lupe;* in a comic variation on the theme, even a child, Boethus' son, experiences *lupe* when he is worried that his hidden stash of food will be discovered (**279**, 14.640K). Intense fear of a future contingency—especially, irrational fear or fear with a supernatural element—can also lead to insomnia, wasting, and even death. A man who lies sleepless worrying that Atlas will grow tired and fail to hold up the sky is described in one story as suffering from melancholy, and in another—in German translation from the Arabic, in which this manuscript survives—from "Angst" and "Kummer," suggesting Galen's word *lupe.* An augur, convinced that he has observed the sign of his own death, is oppressed by "grief" (Kummer), stops sleeping, contracts a fever, and dies in two months. Another man thought he heard a dead man calling his name and "an inner fear gripped [him] and grief, sleeplessness and fever tormented [him]."[99]

Because it is a mental activity and because it can be caused, for example, by emotional investment in one's reputation, fortune, or books, it is not surprising that Galen considers *lupe* a failing typical of the competitive, youthful, male type. Both anger and grief may cause accumulations of the hot, dry humor of yellow bile typical of a masculine constitution (*Temp.* 2.6, 1.633K). However, as in the case of anger,

women also experience *lupe* or may be especially prone to it: Galen's mother not only flew into rages but also sank into despair at the slightest setback (**22**, 5.40–41K). One woman suffers from *lupe* caused by illicit love, another after the death of her friend.[100]

I am struck by the extent to which anger and *lupe* dominate Galen's writing on emotion and the short shrift he gives to erotic love, whose physical symptoms are described so vividly throughout Greek literature, both in poetry and prose. Even in *On diagnosing and treating the disorders of the soul,* erotic love hardly receives separate discussion from the desire for money or food. Mostly, Galen explores and deplores what he considers the irrational aspects of unrestrained anger and grief. Of the two, grief is perhaps the more dangerous; it hounds its victims, gnawing at them internally, destroying their sleep, wasting their bodies, and driving them mad or to their deaths.

Character—*ethos*—was for Galen a medical concept to which he devotes some discussion, especially in his treatise *On temperaments.* Certain temperaments are linked to types of character. One may be inclined to timidity and fear or to its opposites, courage, arrogance, and anger. The close link between character and emotions in some case histories can inject drama or moral significance into the story. This is usually quite subtle, as for example in passage CC, where the youth brings on his own disease through the character flaws of anxiousness, competitiveness, and irascibility. A few stories openly condemn love of luxury (as in the case of the rich patient who is addicted to expensive drugs and medications in general), or a lazy, gluttonous, emasculated lifestyle.[101] Some stories focus on disobedience or deception, problematic behavior in patients that will be discussed in the next chapter. But for the most part, Galen avoids overt moral comment, even when this would seem highly appropriate, as in the case of the aristocratic woman in love with a dancer.

Conclusion

Galen's stories derive their meaning from the tensions within them, as though they were hung on a framework of taut wires. A story about his humiliation of rivals coexists with another story about a turning point in the life of the patient. Galen's point of view and that of the patient may alternate in a sort of dialogue. A subtle equivalence or rivalry between physician and patient underlies many stories.

Galen's portrayal of the patient reflects a competitive, urban set of values. The ideal of the urban male of the leisure class, masculine in temperament, in the prime of life, haunts those stories even in which it does not appear, as their characters are

implicitly held to this standard. However, many of Galen's stories blend categories—especially male/female and slave/free—instead of emphasizing distinctions. Peasants are almost a class of foreigners, but one with which Galen deals regularly, as a matter of routine, and without apparent difficulties of communication; his medical interest in peasant practices is also very obvious.

A significant though obscure theme is the resemblance between physician and patient in some stories. Galen's normative or ideal patient not only reflects his value system but also his self-image. The set of mature, intellectually accomplished patients—*pepaideumenoi*—includes at least one physician (Antipater). Although Galen treats all kinds of patients, some are more like him than others. He occasionally refers to a patient as a "friend" or something similar, a person in his roughly egalitarian social circle; it is difficult to separate Galen's professional relationships from his social ones, and he perhaps perceived little distinction in these cases.[102] Some patients appear knowledgeable about medicine and Galen portrays this sympathetically unless they challenge his views. Some patients, as I have mentioned, are doctors. The peasant—who treats himself independently with primitive but effective remedies—emerges as a sort of rustic opposite-equivalent of the physician.

Even where patients are very different from Galen in temperament, social class, or lifestyle, the back-and-forth, dialogue-like quality of many case histories has the effect of bringing doctor and patient together, in sharp contrast to Hippocratic or modern case histories in which the physician is almost totally effaced.

Finally, psychological problems are a prominent theme in Galen's stories, often occurring alongside physical symptoms, with the result that they are easily overlooked by modern readers. For Galen, character and emotion are factors of obvious relevance requiring no special explanation for their discussion. The result is a rich and complex portrait of the patient as a character—one whose qualities, experiences, and perspective (even words) are well represented in many stories. A comparison with other types of healing narrative is inviting. In chapter 2, I argued that Galen's stories share a basic structure with many healing miracles from the Gospels, in that they start and end with the patient. The miracle is an event in the patient's life while the healer seems impassive, impersonal, and lacking the human qualities and weaknesses manifest in the patient. One can string these stories together—as in Galen's treatise *On prognosis* or in the synoptic Gospels—to make it seem like the subject is the healer but this does not work well; such texts read like a lot of separate stories cobbled together and it is difficult to get a sense of the healer's character. Though our stories about salvation are meant to record and publicize the deeds of the savior, there is a sense in which their true subject is ourselves—even when the stories are written by the healer, as in Galen's case histories.

Physician and Patient

I. THE PHYSICIAN'S PERSPECTIVE: "I" AND "WE"

The question *who is the physician* in Galen's stories may seem disingenuous. It is normally Galen himself. Grammatically, the physician is "I" or, very frequently, "we." The use of the first person plural to refer to an individual—the "royal we"—is common in antiquity in both Greek and Latin, as in passage A:

> A. For not yesterday or the day before, but even from our youth, we have been lovers of philosophy and applied ourselves to it; then, when my father had been urged by a vivid dream, we turned to the discipline of medicine, and throughout our whole life we have pursued both disciplines with deeds rather than words. (**182,** 10.609K)

Here, and in many cases, "we" seems no more than an empty convention, a substitute for "I." But it is possible that, in some cases, Galen and his readers imagined the physician and protagonist as a group rather than an individual, although indications of this are too subtle to be more than suggestive.

In previous chapters, I have emphasized that Galen travels with an entourage of friends who also visit patients with him; they are both the witnesses to his deeds and the addressees of his treatises. Sometimes it is most logical to read "we" as referring to Galen and his reader or addressee: that is, it includes the reader in the statement. Passage A, for example, is excerpted from a story in which the reader (Eugenianus, the addressee of the second half of *On the method of healing*) accompanied Galen on his visit to the patient and witnessed the proceedings:

> B. And now for the sake of example I shall remind you of the two young men whom you observed together with me. (**182**, 10.608K)

Thus, when Galen writes in the same story

> C. The gymnastic youth began to be feverish at the first hour of the night, and we saw him on the next day, around the third hour (**182**, 10.609–10K)

it is not clear whether "we" means "I" or "you and I," or possibly "you and I and the others with us." At another juncture in the story, "we" clearly means "I and the others present in the room":

D. When all of these things in turn happened to him [the patient] too, they immediately extinguished the fever, so that some of those who were present said, "man, you have slaughtered the fever;" whereupon we all laughed. (**182**, 10.612K)

This scene takes place in the middle of the night: Galen has been summoned from his bed by the patient's servant at the eighth hour of the night, that is, around 1 a.m., and yet the presence of a crowd around the patient is so unremarkable that Galen does not specify its content. His readers probably assumed it was composed of friends and servants of the patient, as I argued in chapter 3.

Just as patients had crowds around themselves, Galen moved in a crowd. This was a crowd of friends (also describable as students and followers). However, it is also likely that Galen was always accompanied by slaves. Slaves are shadowy characters in his stories—invisible unless they play a crucial role. When they do appear, it is usually the patient's slaves who are described and I will discuss this next. Galen's own slaves rarely come to the forefront of the narrative but their presence was most likely assumed:

E. Once when I went out in a hurry from my house, when none of the compound drugs [i.e., drugs that have to be mixed] was found to be ready, I gave to one of my [people] an old euphorbium, and I ordered him to crush it with old oil, to the thickness of liquid wax and then to apply it to the lesion of the tendon on the hand. (**256**, 13.585K)

F. The next day I told one of those accompanying me[1] to arrive shortly after I had come to examine the woman, and announce that Morpheus was dancing that day. (**276**, 14.633K)

G. I sent the boy who was accompanying me to fetch a large cupping-bowl, out of the sight of the crowd. (**284**, 14.668K)

In all of these cases, it is likely that Galen is referring to his own slaves, though his language is vague. His audience probably assumed that—as these passages suggest—slaves routinely accompanied him on visits to patients and assisted him in therapy (in these cases by mixing drugs and fetching a cupping instrument); one of his professional assistants (passage E) seems to work in his house and probably lives there. Galen also has domestic servants in his house, with whom he debates the use of a rancid cheese (passage 2.D) and on whom he experiments with a nasal drug.[2]

Galen also assumes the presence of the patient's slaves although he rarely mentions them:

H. And when he could not bear it anymore, around the eighth hour of the night, he sent a servant (*oiketes*) to me, asking me to come to him right away. (**182**, 10.611K)

I. He [the patient] denied it most stubbornly, and at the same time called the slaves (*oiketai*) who were standing there as witnesses. (**153**, 9.219K)

J. I know someone who was delirious for thirteen days in this manner; he thought that he was in Athens, not Rome; calling frequently on the boy who lived with him (or "customary slave," συνήθης παῖς), he ordered the equipment for the gymnasium to be brought to him. (**13**, 4.446–47K)

The patient's slaves may play a major or minor role in the stories that Galen tells. In the section "Obedience," later in this chapter, I discuss how Galen appears to compete with the patient or with the patient's other physicians for control over household servants. Galen expects his readers to assume the presence of slaves even though he rarely mentions them.

This raises questions about how one is supposed to imagine Galen's actions. He often describes performing tasks that would be suitable for domestic servants or servile professional assistants. Tasks in this category include cooking for the patient and bathing, massaging, or feeding the patient:

K. bringing him immediately to the baths and pouring a lot of tepid oil over him, and rubbing him very gently, we ordered him to spend as much time as possible in the water of the hot bath. (**172**, 10.536K)

L. I prepared a porridge from groats as quickly as possible and I gave it to him to eat. (**184**, 10.674K)

Some of the therapeutic techniques I will describe below bring Galen into intimate contact with the patient typical of the most trusted body servants. The role of the physician mirrors that of the domestic slave in some ways. On the other hand, even where Galen uses the first person it can be difficult to determine which actions one imagines Galen performing himself and which might be performed by slaves, because it is clear that slaves are ubiquitous and also that he mentions them only in exceptional cases. The theme of domestic power proves to be pervasive in Galen's stories.

II. PHYSICIAN AND PATIENT

Intimacy

When Galen treated patients in their homes, he visited them frequently, often several times per day although this depended on the seriousness of their condition. The narrative excerpted in passages A–D tells the story of two patients—one free and one a slave–whom Galen treats for continuous (that is, not recurrent or inter-

mittent) fever. It is one of a few stories that describes Galen's visiting schedule in detail (though some passages are ambiguous because Galen recounts observations or debates without indicating whether he was present):

> Patient A (free man):
> Day 1: patient A becomes feverish in the first hour of the night (6–7 p.m.)[3]
> Day 2: Galen visits at the third hour of the day (8–9 a.m.); possibly he either returns or is still there in the evening. At the eighth hour of the night (1–2 a.m.) he is called from his house to the patient's bedside. He bleeds the patient, remains for two hours following the procedure, gives the patient food and orders to rest, and then leaves.
> Day 3: Galen visits at the fifth hour of the day (10–11 a.m.); the patient is sleeping. He returns at the tenth hour (3–4 p.m.) and again at the first hour of the night (6–7 p.m.).
> Days 4–5: Galen returns to visit the patient at least once per day.
>
> Patient B (slave):
> Day 1: Patient becomes ill in the evening.
> Day 3: Galen visits and treats patient sometime before the fifth hour (10–11 a.m.); he remains for some time after bleeding the patient to supervise his diet, as with patient A. Galen returns in the second hour of the night (7–8 p.m.).
> Day 3: Galen visits at dawn and returns at noon.
> Days 4–6: Galen apparently visits at least once per day, in the morning. (**182–183**, 10.608–13K)

Unless they are meant to be exceptional, these stories suggest that Galen visited patients at every time of day and night, including middle-of-the-night emergency visits when summoned, in this case by a servant of the patient. Galen also describes examining a patient by lamplight, before dawn (**191**, 10.792K). In another story, a patient receives therapy every day in the morning—Galen bathes him and feeds him donkey's milk (bringing the donkey into the bedroom so that the patient can suckle it directly). Galen then returns four to five hours later to bathe and massage the patient; he adds that patients with this condition (wasting due to dryness) may be bathed and massaged a third time each day if the physician wishes to do this (**169**, 10.472–73, 479K). Some stories suggest that a regular schedule of morning or evening visits, or both, was followed for less acute patients; a common time for visiting appears to be dawn or the first hour of the day; and regular afternoon visits are also attested.[4] One patient requires medicine applied to his eyes three times per day, and because he lives in a suburban house (where he is a steward), he must come to stay with Galen during therapy; and other patients, as I have noted, visit Galen at his house.[5]

Frequent visiting, especially in the morning, was a typical feature of Roman

friendship, and Galen's professional relationships were not easily distinguishable from friendship. The case of Eudemus begins as a normal friendly interaction in which Galen, along with his addressee and a crowd of others, is accompanying the philosopher to the baths (**272**, 14.606K). However, Galen's visits differ from friendly interactions in the intimate nature of the therapy he applies, some of it time consuming.

Galen sometimes uses drastic remedies, such as venesection, purgative drugs, or enemas. In emergency situations, he would perform surgery: removing an abscessed rib from Maryllus' slave, he exposed the heart; he removed part of the omentum from a gladiator when it protruded from a wound; in the case of head injuries, he mentions excising bone from the forehead and from the top of the head. He was especially adamant on the value of venesection, against those who perceived it as too dangerous. Galen describes letting blood until the patient faints (and may be difficult to awaken) or removing several pounds of blood.[6] Venesection is indicated in cases of *plethos,* or excess of blood, where typical symptoms are ruddy skin; protruding veins; history of suppressed menstruation, lack of exercise or excessive eating; lassitude; ophthalmia; a sense of heaviness or pressure in a part or in the whole body; headache; coughing or vomiting blood; and dyspnea, or difficulty breathing, which can end in suffocation. Venesection may also purge black bile mixed with blood, as in cases of elephantiasis. It is indicated in some cases of inflammation, or swelling of a part, such as the tongue or penis; for ophthalmia; or as Galen writes, for almost any serious disease.[7] He bleeds patients by cutting veins and in rare cases arteries (he cut his own artery on command of a dream from Asclepius, but more often, cutting an artery is a sign of incompetence). He rarely is more specific but mentions veins in the elbow, around the uterus, and near the ankle; one passage lists possible locations for venesection in the forehead, the corners of the eyes, under the tongue, the shoulder, the armpit, the buttocks, and the ankle. In his own case, he let a pound of blood from the space between his left index finger and thumb.[8]

Galen describes bleeding patients in about a dozen stories; more often, he treats patients with diet, bathing, massage, oils or drugs applied externally and gives orders regarding exercise. Most of these remedies required his close supervision and participation (though it is possible that slaves assisted him or performed some tasks for him). Some medicine comes in the form of pills (καταπότια)—such as aloe and scammony, purgative drugs. These could be "prescribed" in the sense that the patient could be given orders to take them unsupervised; they could be purchased from drug suppliers in pill form, though Galen also makes his own pills. Galen also

mixes topical medicines and plasters himself (or, as in passage E, a member of his household is told to mix the medicine while he is out).[9]

> M. It occurred to me to cook pickled pig-leg, which was inside, and to soak the cheese in that decoction, and to apply it to the chalkstones [in the patient's joints] after blending it well in a mortar. (**227**, 12.271K)

Mixing drugs was considered a normal part of the physician's job, and Galen authored three substantial, and extant, treatises on pharmacology, which he expected his students to use for this purpose. Plaster applications, as well as anointing and massage, required touching the patient, sometimes for prolonged periods:

> N. I used to prepare him for the running [exercise] by rubbing him down first with coarse raw flax, until his skin was red, and then massaging him with an oil containing one of the loosening medicines. (**204**, 10.995–96K)

Galen also describes bathing patients himself or anointing, massaging, and toweling them in the baths:

> O. Bringing him straightaway to the baths and pouring over him a lot of tepid oil, and rubbing him very gently, we ordered him to spend as much time as possible in the water of the hot bath. Then when he had got out and used the cold water, we covered him in the usual way with a cloth and ordered him to rest a little, to build up his strength; and again we led him to the bath just as before, anointing him, rubbing him and ordering him to spend time in the hot water. And again after getting him out and immersing him in the cold water, and drying him off, we gave him food straight away.[10]

As I have described in chapter 2, Galen generally treats patients in their bedrooms and often, because his therapies involve bathing, in the baths. These areas were not particularly private in that they might be crowded with friends, and many patients use public baths (while some have private facilities in their homes). But while the bedroom and bathroom were places for socializing with friends, they were also filled with servants, who also slept in their masters' rooms at night (and this is attested in one of Galen's stories, **327**, 18A.49K). Slaves accompanied their masters to the baths, where they massaged them, bathed them, anointed, strigiled, and dried them, undressed and dressed them, carried their bathing paraphernalia, and guarded their clothes.[11] Sometimes Galen clearly delegates therapeutic tasks to the patient's slaves who would normally perform them anyway:

> P. We then told the servants to bathe him and to feed him. (**172**, 10.538K)[12]

Bur often, Galen describes doing these things himself. Are we to understand that his slaves in fact performed these tasks? This is possible in some cases, as I have suggested. Only a few examples are unambiguous, as when Galen force-feeds his comatose patient with a funnel before his terrified and astounded audience of rival physicians, or rushes into the bathroom to massage Boethus' wife. In general, it is not possible to say who exactly is feeding or bathing a patient. This ambiguity is interesting and poses a question I cannot easily answer: Why does Galen, who is so class conscious, describe himself as performing servile duties? I will explore this theme of power in the household further in the next section.

Galen's preoccupation with bodily wastes also creates intimacy with the patient. Urine and feces are the indicators he notes most often, but also sweat, vomit, semen, and vaginal excretions. Again, elimination is a function more typically handled by servants, and in one case, Galen gets an important clue from a chamber pot that a servant is removing from his patient's bedroom.[13] Galen may note the quantity, frequency, thickness, color, and humoral quality of urine and feces and how these changed over time. Other symptoms, especially pulse and body temperature, required touching the patient to observe them:

> Q. Finding that his fever was rather high, but that his pulse was regular, very large, swift, frequent and vigorous; that the heat was not of the type that is biting to the touch . . . (**182**, 10.610K)

Often it is unclear which observations Galen makes firsthand and which he elicits through close questioning of the patient. Sometimes he states clearly that the patient described his own symptoms:

> R. [The patient] suffered severe pains and after that expelled a great deal of liquid excrement . . . after listening to his symptoms, we decided that the harm from the scammony was mostly occurring in the intestines. (**195**, 10.859K)[14]

I have shown in the previous chapter that Galen also relies on indicators (such as pain or state of mind) that can only be discovered by close questioning of the patient. But there are also a number of cases in which he describes making direct observations of bodily wastes, in one passage emphasizing not only the importance of such observations but also the ridicule he sometimes endured for this:

> S. Noticing that his urine was thin and white, as though it were water, I concluded that there remained some softness in the liver. . . . And one of the doctors following Thessalus laughed at me, who not only had never himself made an examination of urine, but also called those who examined it fullers. (**295**, 16.623K)[15]

Thus Galen comes into intimate contact with his patients not only intellectually, by talking to them, but also physically. There is little evidence of an ethic against touching certain parts of the patient, for example, genitals:

> T. From this we deduced that there was a clot in the blood, and for this reason we used a catheter; he urinated only a little, and when the catheter was withdrawn a trace of the blood clot appeared at its mouth. (**140**, 8.408K)

> U. We moistened the whole [genital] region with greasy ointments and fattened up his whole body—for it was very thin—and especially the parts there, and in this way I delivered the man to health. (**11**, 4.191K)

Galen's physical intimacy with his female patients is almost as close. He is sensitive to the shame caused by the exposure of both male and female genitalia, or this is implied by his interpretation of a passage from the Hippocratic treatise *On the physician's clinic.* Here Galen recommends shielding from spectators the patient's genitalia, anus, and (for women), buttocks, chest, and pubic region generally (*Hipp. off.* 1.13, 18B.687–88K). He also remarks on how difficult it is to clear a room of spectators, "for some of the *oikeioi,* or friends who are competitive or busybodies or curious to know the affairs of the patient shamelessly remain." So also Boethus' wife, suffering from "the so-called female flux," at first is too ashamed to consult physicians and turns to her midwives instead. In this case, midwives and female attendants bathe the patient until the moment when she faints in the bath and Galen, standing near the bathroom door and hearing the commotion, rushes in and massages her stomach. In the case of another female patient, who is coughing up blood, Galen prescribes an unusually repellent regimen: the woman is required to use an acrid enema and shave her head, whereupon Galen applies pigeon-dung to the scalp. It is clear from his language that Galen does not directly supervise the enema or the head shaving; but he does state that he bathed the woman himself and massaged her whole body.[16] However, there is evidence that Galen avoids direct contact with women's genitals: when he wants to use drugs to attract blood to a patient's uterus, presumably by applying it to the genitals, he asks her midwife to do this (**211**, 11.188K). In other ways—treating women in bedrooms and bathrooms, massaging them, bathing them—Galen's contact with women is as intimate as with his male patients.

Obedience

The elusive and paradoxical equivalence of physician and slave is only one aspect of a power struggle that underlies many of Galen's stories. This power strug-

gle is different from the competition among Galen and his rivals for the adulation of their audience; it is a struggle for control over the person, and by extension the household (including women and domestic slaves), of the patient himself.

That the patient must trust and obey the doctor to be cured is much more than a simple common-sense notion. It is a theme on which Galen insists relentlessly, as he gives orders to his patients and berates those who flout his advice. He several times makes the point that doctors must be able to command the patient's obedience and that of their servants: only this can guarantee successful therapy.[17]

Galen recommends a friendly attitude to secure the patient's obedience but also stresses that correct prognoses and other striking demonstrations of excellence will command the patient's respect.[18] He has harsh words for doctors who pander to their patients and are too permissive. He admits offering patients water, wine, and baths up to a point, to please them, but only where this is relatively harmless (*Hipp. 6 epid.* 4.8, 17B.142–43K). The physician's position of authority must be maintained:

> V. In view of their [sc. doctors who pander to patients] inability to ensure anything valid [in therapy], they never request their patients to obey and follow their lead. Instead, they debase themselves to the status of slaves of their patients. They obey and assist their patients in fulfilling their desires. . . . In doing so they become wicked slaves whose services are useless, and indeed harmful. (*Opt. med. cogn.* 5, 76 Iskandar, tr. Iskandar)

In another passage, Galen berates physicians who cater to their patients "like slaves," while the healers of old commanded them like generals.[19] The intimate nature of the relationship between physician and patient, and the household setting of many clinical encounters, suggests a danger of assimilation to servile status if doctors do not assert their authority. Galen is very sensitive to the issue of power and specifically tries to assert the kind of power exercised by the head of household over his servants. Thus, Galen commands not only the patient but also the patient's slaves: ordering them to feed and bathe the patient, to wake him at appropriate times, or to assist Galen directly in his therapy.[20] He portrays himself as the highest authority in any household he enters.

In a number of stories, Galen asserts superior control over his patient compared with his rivals. Physicians disagree on whether one patient should be bled, but when the patient sends for Galen in the middle of the night, he becomes the one to dictate the course of therapy (**182**, 10.611–12K). In another case in which Galen and his rivals spar for the patient's obedience, Galen is delighted when the patient humiliates the other physicians by pretending to comply with their orders and then, along with his friends and household, laughs at them behind their backs:

> W. We then told the servants to bathe him and to feed him, and if the doctors came in the evening, that they should say that the man was resting, and send them away and tell them to return in the morning. . . . When the doctors came back early the next day they agreed that on that day too he should abstain from food, even if he was without fever. When he promised that he would do what they ordered, you know how much laughter arose when they had gone, which we, arriving a little later, perceived. (**172**, 10.538–39K)

Also in other stories, the patient receives conflicting orders but follows Galen's prescription and eventually recovers; for example:

> X. I ordered someone suffering from colic, who had already been treated by the doctors for three months and had become worse, to throw all of it aside; and I healed him with single purgation. (**222**, 11.341K)

Sometimes Galen asserts authority not only over the patient and his servants but also over rival physicians. When a youth with nerve damage fails to recover using the euphorbium formula prescribed by another doctor, Galen questions both him and his doctor and gives orders to both:

> Y. When I heard these things . . . *I ordered him [the physician]* to soften the medicine with his hands . . . *I ordered him* to mix them . . . and *I ordered the man [the patient]* to refrain from food; *I ordered the doctor* to loosen [the plaster] again in the evening. (**165**, 10.399–400K).[21]

Here Galen and rivals compete for the patient's obedience but also more directly for power over one another.

Galen is not always able to assert his authority to the extent of giving direct commands to his rivals. In a case from the early days of his practice in Rome, he is frustrated that other physicians have more influence over the patient's care because of their more advanced age, reputation, and close relationship with the patient's family (**211**, 11.187–90K). In this case, Galen contents himself with giving orders to the patient's midwife; he is unable to persuade the doctors to follow his prescription of venesection. Also in the story of Theagenes the Cynic, Galen fails to persuade Attalus to follow his advice with the result that the patient dies (**199**, 10.909–16K). One patient at first follows another doctor's advice against Galen's, then is persuaded by a dream to submit to Galen's plan, whereupon he recovers (**203**, 10.971K).

A theme of trust, and of total surrender to the physician, tinges many other stories. Galen writes that a patient "entrusted himself to me."[22] One patient's attendants must carry out orders that conflict with their intuition that the patient should

be fed to keep up his strength, causing them anxiety. But they obey with the exception of one relative who tries dissuading Galen from his prescription, without success (**343**, 78–80 Iskandar). A female patient "asserted that she offered herself ready to do whatever I wanted" (**161**, 10.369K). In the case of Boethus' wife, Galen persuades his friend "to allow me to do as I like regarding your wife for ten whole days" (**280**, 14.646K). Another woman, by contrast, resists his orders; she "was ready to suffer anything rather than to be purged with bile-removing medicine"; she continues to suffer until Galen slips the medicine into her drink (**205**, 10.1007–8K).

Problematic patients either resist or disobey their physician, as in the latter example, or withhold information from him, or both. One patient who appears in two stories—a wealthy and frivolous man—flouts Galen's orders by taking medicine Galen has prohibited and then lies about it until he is exposed by his own pulse under the doctor's skilled hand. A man who wounded his finger hitting a slave ignores Galen's advice to change his treatment and his condition worsens. Justus' wife is unresponsive to his questions, unwilling to reveal her love for a dancer; other patients pretend to be ill when they are not, to escape responsibilities.[23] These stories of recalcitrant patients illustrate Galen's need to exercise power over them—both physical compliance and exposure of all their secrets.

By dominating his patients, and by reducing them to servile passivity in their own homes, Galen assumes the role of head of a household in which patients are like women or slaves. That is, in addition to the obvious competition for prestige within the all-male society of the Second Sophistic, Galen also describes a competition for domestic power. His privileged access to the women of the house, including contact with them that shames them (as in the case of Boethus' wife) suggests the same thing.

On the other hand, Galen's intimate relationship with his patients and many of the therapeutic tasks he performs seem servile, as if he were playing the role of a slave. In a few stories, servants offer him information about the patient and expose his or her secrets. He discovers that Justus' wife is in love by chatting repeatedly with her maid; he finds out that a slave is faking his illness by questioning another servant in the same household; he perceives an important clue in the case of Glaucon's friend when he happens on a servant carrying a chamber pot from the bedroom.[24] Conspiring with servants against the patient, Galen becomes like a servant himself. He insists on playing the role of master in the household because otherwise he would seem like a slave.

Finally, despite many striking cases in which Galen portrays the ideal patient as blindly trusting and obedient to his or her doctor, some patients—and not only those of high social standing—diagnose or even treat themselves and come to

Galen only for help with their chosen therapy. That is, patients had their own ideas about what was wrong with them and may have seen the doctor less as an authority figure than as a facilitator. In these stories, Galen never argues with a patient about his or her diagnosis, and they appear to share roughly the same understanding of disease (though he records the case of "a certain layman, not stupid" who stood up to another physician, **221**, 11.340–41K). One forty-year-old patient suffering from colon pains apparently purged himself with scammony, prescribed himself a special diet, and injected himself with an enema of oil of rue before consulting Galen, although in the end, he goes along with Galen's different, gentler therapeutic regimen with good results.[25] Another patient

> Z. showed me his knee, and said that it easily suffered from stiffness, and that it was immediately helped by heating [drugs]. He asked to be given one of these drugs, because whenever he went out in the cold it was chilled and it hurt more vehemently than at other times. "Now," he said, "I am going out to bathe, and I will send for the drug from the bath." (**248**, 13.574–75K)

In this case, Galen does not have the requisite ingredients on hand but devises an effective substitute. Other patients are similarly assertive:

> AA. A peasant youth . . . wanted his vein to be cut in the springtime, which is quite customary for the people of my country. (**157**, 10.334K)

> BB. If ever the catharsis was neglected, she felt a deep pain, and straightaway she would call me and order me to purge her. (**330**, 18A.80K)

This evidence is of course very tenuous but it is at least suggestive. Although the struggle for power is a theme in many stories, this does not mean it was a constant issue in Galen's practice, and he may have simply complied with patients' requests when they sounded reasonable to him.

Perceiving the Patient

Galen occasionally boasts that he can diagnose a patient at a glance:

> CC. I arrived and saw that the youth's face was of the type which Hippocrates once described in his *Prognostic* in the following terms: "sharp nose, concave eyes." (**184**, 10.673–74K)

Galen privileges sight as the first and fastest diagnostic avenue. In this passage, he literally reads the patient "like a book." He often mentions skin color or complex-

ion as a diagnostic sign—a ruddy complexion suggests an abundance of blood and the therapy of venesection; yellow skin signifies the accumulation of bile; skin color can also help diagnose diseased internal organs. He carefully notes surface irregularities such as wounds, abscesses, some tumors, swellings, and the pustules typical of the plague of 166. Galen will also try to inspect the inside of the mouth or nose if this seems important.[26] He does not describe examining other orifices; though both anal and vaginal specula are well-attested artifacts from antiquity, the only instrument Galen uses in his stories to probe a patient is a swine's hair, which he threads through a fistula to test its depth. He uses instruments for other purposes and kept a large collection of them, some of his own invention, which perished in the fire of 193; in his case histories he mentions catheters (twice, used on male patients unable to urinate); also cupping vessels; presumably knives or scalpels, when he describes cutting; and "the round head of a probe," with which he separates the eyelids of a patient with inflamed eyes.[27]

Galen also describes inspecting the patient's excretions, including urine and feces as I have mentioned. He describes their density and color or he uses humoral terms ("bilious"), and in one case he describes at length a clear, cold substance he excreted himself. Excretions can help identify not only temperamental imbalances—as for example in the patient whose sweat, when scraped, proved to contain large quantities of bile—but also diseased internal organs.[28] He also pays close attention to matter coughed up by the patient, not only blood but tissue and other substances, sometimes describing these in detail and identifying them as parts of internal organs. He may also describe vomit as "bilious" and blood could also vary in color, density, and temperature. In one case, he describes a blood clot affixed to a catheter when it was removed from a patient. In several cases, he describes matter flowing from wounds. He records no inspection of menstrual blood.[29]

Visual observation of the body is an important part of Galen's clinical technique but not all of it. In fact, his methods are very diverse, and it is difficult to get a sense either of a routine procedure for examining patients or of a reductive view of the patient. I have already described how talking to the patient is a crucial source of information. This is Galen's main or only method of discovering the patient's history, events and symptoms before his intervention or outside his observation and also unobservable symptoms such as pain, anxiety, or other mental conditions. In many stories, Galen bases his diagnosis only on what he has heard from the patient, without describing any form of physical examination; and in many stories, it is impossible to tell whether his source is the patient's description of his symptoms or Galen's own observation. In this sense, the faculty of hearing was much more im-

portant than sight; it offered a nuanced view of the patient's perceptions, history, and lifestyle.

Galen often emphasizes that only a finely calibrated and highly trained sense of touch could perceive the subtle variations of the pulse that he describes.[30] To him the pulse is an action of the arteries and may alter in response to digestion, disease, malfunction of a particular organ, or psychic disturbance. It is the most sensitive method of detecting fever (see n. 47). It is thus an eloquent indicator of the internal state of a patient:

> DD. I thought that it [an anomaly of the pulse] arose from a compression of the large arteries in the lung. I said however that it was impossible that this compression arose from an inflamed swelling of the organ; for you would be feverish. (**127**, 8.295K)

In one case, Galen diagnoses an intestinal tumor based on the pulse alone, without looking at or palpating the patient's abdomen although the tumor could be easily detected by those methods (**343**, 80 Iskandar); in another, the pulse reveals the presence of a second dead fetus in the womb after a miscarriage (**350**, 130–32 Iskandar). The pulse may also reveal hidden mental conditions in patients who are unwilling to talk about them. Especially, anxiety over a guilty secret causes a disturbance of the pulse, which Galen recognizes on several occasions (see chapter 4, n. 65). He twice compares this state of mind to that of one about to compete, as in athletics or oratory.[31]

Galen also makes much of distinctions of temperature, which he measures by touch; this reflects his idea of "innate heat," the body's vital faculty, or life force, supposedly resident in the left ventricle of the heart. Innate heat is abundant in children and gradually diminishes with age. It is distributed throughout the body with the blood, through the arteries, and is tempered or regulated by the intake of air through the lungs. It can be increased by food, by exercise, by anger, and by warming drugs; it can be decreased, if necessary, by immersion in cold water, by fasting (though Galen generally opposes this as a therapy), or by venesection. Galen not only comments on chilling (for example, of extremities) or a high temperature but also distinguishes qualities of heat such as "biting" or "piercing":

> EE. Therefore it seemed best to me to learn about the type of Premigines' heat by placing my hand flat on his chest. . . . It was discovered to be exceptionally piercing and biting. (**38**, 6.366K)

Galen may also palpate a body part to test for tenderness, for tumors, or to sense the condition of internal organs such as the liver or stomach.[32]

Galen has innumerable ways of investigating what is inside the body, and mostly invisible. Touch, including the palpation of organs or of the pulse, and the patient's own comments and perceptions can illuminate what is going on internally. Also Galen shows intense interest in, if not obsession with, anything that comes out of the body, since these substances also offer clues to its internal situation. He is interested not only in hidden physical problems but also hidden mental conditions that are revealed to him, when patients are recalcitrant and will not talk, by the pulse.

Although Galen's perceptions of his patients are colored by Hellenized, urban values as described in chapter 4, he also perceives them in a way quite different from those without medical training because he needed to see inside the patient. And while Galen tells us little of what modern readers and ancient ones might consider the patient's private life—especially, his domestic life, his family, and his sexual habits—in this other sense, he does perceive an invisible, highly exclusive and "private" aspect of the person. The more highly trained in medicine one was—and not only doctors but many lay aristocrats were familiar with its concepts—the more one perceived one's own inner being and that of others; and not just the physical inner being but also the psychic one. Furthermore, the doctor can only find out about inner states by questioning the patient and encouraging him to explore them for himself. Medicine was a form of introspection and a form of psychic intimacy.

The case histories convey a sense not only of how Galen examines patients, but they also tell us what he sees. Overwhelmingly, the two paradigms that dominate are the idea of the patient as a mixture of fluids; and the idea of the patient as parts put together. Because both of these are well attested in Galen's theoretical works and since many scholarly overviews of Galen's medical system are available, I shall address them only briefly here.[33] I have already discussed the importance of the humors in chapter 4; the humoral view subtly pervades Galen's description of patients, when *hexis* and temperament are mentioned overtly and because factors such as age, sex, and occupation are tinged with the theory of temperament. In the etiology of disease, the humoral theory of temperament is very prominent: Galen tends to attribute diseased states to the excess of some humor. He may also attribute disease to an imbalance of qualities, that is, to overchilling, overdrying, overheating, or excess moisture.[34] He tries to cure patients with therapies that induce the opposite conditions. Thus, Boethus' wife suffers from an excessively moist condition that causes vaginal discharge, an accumulation of fluid in her uterus, and (as Galen thinks) a softening of the area around the hypochondrium ("like curdling milk"). He tries drying and also warming therapies to cure her, at one point laying her on a bed of warm beach sand. He also applies cooked honey to her skin (a dry-

ing remedy), gives the patient purgative and diuretic drugs to evacuate excess moisture, and puts her on a special diet of fish and wild birds (**280**, 14.641–47K). When Galen attributes imbalances of this type to a cause it is generally an accident (chilling by immersion in a river) or an ominous accumulation of circumstances (for example, natural temperament, travel, and mineral baths may conspire to dry out a patient, **172**, 10.537–38K).

Perhaps the most dominant therapeutic concept in the case histories is the evacuation of excess, which Galen often calls *katharsis.* An excess of blood, and black bile or other humors overabundant in the blood, can be purged through venesection but also through exercise; through fasting or restricted diet; through the excretion of urine or feces; through vomit, sweat (as at the baths), or natural hemorrhage (for example, nosebleed, menstruation, or hemorrhoids); or sometimes through the application of drying substances to the skin, as in the case of Boethus' wife. Galen interprets lesions on the skin, rashes, swellings, and unusual masses as inflammations, resulting from the accumulation of too much of some substance; an example is the case of a woman with a "malignant tumor on her breast," who must be purged annually, or the woman with shingles on her ankle, eventually spreading all the way up the leg, who is cured when Galen secretly purges her with scammony.[35] In one famous passage, Galen describes a famine during which peasants in the countryside consumed foods of poor quality (including bulbs, tree shoots, and boiled grass) and developed a huge variety of skin conditions (boils, shingles, erysipelas, carbuncles, putrid abscesses, and several others). When their blood was let it appeared too yellow (as from too much accumulation of yellow bile), too dark (as from accumulation of black bile), or serous, or acrid. Galen attributes their symptoms not to a lack of nutrition exactly, but to the toxic accumulation of substances from the unsuitable foods that they did eat (*Bon. mal. suc.* 1, 6.749–52K). It is not always clear that Galen considered the canonical four humors to be the only liquid substances in the body or the only ones capable of accumulating in it. He usually does not name the suspicious substance.

Besides mixtures of substances, Galen also perceives his patients as assemblages of discrete parts. I will discuss this only briefly to avoid belaboring what may seem obvious, but I would like to correct any general impression that anatomy, or an anatomical view of the body, is a product of the early modern period.[36] Although Greco-Roman culture had a strong tradition of anatomy, both in its original, ancient sense of "cutting open" and in its view of the body as a set of parts put together, this is not necessarily true of all cultures.[37] Galen was an expert anatomist who dissected and vivisected probably hundreds or thousands of animals and wrote exhaustively on the subject, describing his experiments—as an aid to those

who might want to repeat them—in the lengthy treatise *On anatomical procedures* and other treatises. He describes a level of anatomical detail difficult to believe for naked-eye investigations using natural light and simple surgical tools; he discovered many anatomical parts previously unknown, including membranes of the eye and small muscles in the hands, feet, and face.[38] He titled one of his lengthiest, most polished, and most important works *On the usefulness of the parts,* in which he praised Nature (whom he also calls the Demiurge, or Craftsman, echoing Plato and Aristotle), for her ability to design and shape parts (such as the cornea of the eye) to the exact requirements of usefulness and necessity, comparing her to Prometheus, who made man out of potter's clay.[39] Nature designed and built man from parts, the way an architect builds a house or a carpenter makes furniture. Thus, Galen conflated two ideas, Nature and technology, that are contrasted or polarized in many cultures.

It is not surprising that in his clinical stories, he perceives patients in the light of anatomy, often with little or no reference to humors, as for example:

> FF. In the case of the adolescent who once spit up with a cough a thick and sticky membrane, we inferred that it was the substance on the inside at the larynx, which also joins the epiglottis. (**75**, 8.3–4K)

He interprets the matter excreted by the young patient not as an accumulation of fluid but as an internal part. In other cases, Galen may refer both to fluids or humors and to anatomical parts and these are hardly contradictory paradigms:

> GG. When I had deduced from these things that there was some biting humor in the mouth of the belly, which customarily we call the stomach, I gave him warm water to drink, after which he vomited it straightaway. (**198**, 10.871K)

Some stories attribute Galen's victories over rivals to his more subtle grasp of anatomy; most memorable of these is the story of Pausanias the Sophist, whose fingers were paralyzed by a blow to the back. Only Galen could cure the patient, because he had a proper understanding of the anatomy of the nerves. Twice he tells the story of an operation he performed on a slave with a wrestling wound; removing the abscessed rib, he also was forced to remove part of the pericardium, exposing the beating heart, a feat that (as he points out) no one without his extensive experience in dissection would attempt.[40] While Galen's interest in bodily fluids reflects the importance of humors in his ideology, urine, feces, and other excretions can also signal the state of the internal organs rather than (or as well as) a humoral disturbance. When Galen takes a patient's pulse, he believes he is feeling an action

of the arteries rather than the pressure of the blood inside.[41] Stories about wounds tend to focus on the wounded part or organ:

> HH. I observed one of the gladiators of the kind called "knights," who had a very deep transverse wound in the lower forward part of the thigh . . . setting aside the procedure which is called the "flat" one, I dared to bring together the separated parts of the muscles with stitches (**260**, 13.600–601K)

However, these stories may also involve the humoral themes of "inflammation" (accumulation of humors at the site) or "putrefaction" (the spoiling or corruption of humors). Nerve damage or spinal cord damage leading to the paralysis of specific parts is an important theme in *On the affected parts,* just as it is the subject of many of Galen's experiments with vivisection.[42]

III. FEVER

More than other medical conditions fever is a character in the stories and a complex one at that. Galen wrote about fever at length in treatises *On crises, On the difference in fevers,* and *On critical days.* Fevers might have many causes, including some I have described—overheating due to travel, stress, or anger; blockage of the pores, trapping heat; breathing putrefied vapors in the air near stagnant water. Or, they might originate in an inflammation, that is, the noxious buildup of one of the humors in a specific part, which may or may not be identifiable; this often happens because the normal excretion of humors is suppressed for some reason. Sometimes the excess humor putrefies. Depending on the cause and the type of humor involved, the fever would have a specific periodicity. One might also have a combination of two or more fevers. Galen may distinguish different types of fever by their periodicity ("tertian," "quartan," "continual") or by the humor causing them ("biliary") or by some other clinical characteristic ("hectic," "wasting," "acute").[43]

Many of Galen's longest and most artistic stories are about fever patients, as the patients described in passages M and CC from chapter 4: these are some of Galen's best-developed characters. (However, women and children also get fever; in the case of children, it causes obvious anxiety in their adult relatives.)[44] Many factors, including the patient's natural constitution but also travel, exhaustion, or emotional stress, can lead to fever. Thus, fever reflects the totality of the patient's nature, character, and circumstances, again giving it a highly evocative, even literary quality.

The Greek words for fever are also words for "fire" and "to burn." Galen in gen-

eral perceived fever as a disease rather than a symptom. There are passages in the case histories in which "fever" appears to signify heat among other symptoms but usually other words are used to indicate "heat" (the symptom).[45] Thus, Galen introduces a pair of case histories by saying that "the free man suffered from a continual fever (ἐπύρεξε) with putridity, and the slave from one without putridity."[46] The disease includes the symptoms of "burning heat" (καῦμα) and "heat" (θερμασία), also a characteristic pulse, digestive difficulties, tension in the body, headache, and insomnia, all of which Galen attributes to an overabundance of flesh causing constipation and excess blood. In a case of three combined tertian fevers, "all had pulses and heat that were typical of tertian fever, as well as shivering fits (rigors) and sweats" (**156**, 9.681K). Other symptoms that Galen associates closely with fever, besides those already mentioned, are chills, vomiting, and delirium. Like other diseases, fever can be diagnosed by the pulse even if no other symptoms exist; the pulse is a subtle indicator of latent or residual fever.[47]

The most prominent characteristics of fever in his system are periodicity and crisis. I have discussed both of these ideas in chapter 2, showing how they shape the temporal structure of many stories about fever. They also lend drama to the stories by generating suspense and anticipation because the crisis especially is both violent and dangerous. Recurrent fevers are punctuated by *paroxysmoi*—the periodic exacerbation of symptoms through which the patient suffers with some respite in between. Galen often uses the (noun or verb) "attack" to describe the onset of a fever or a paroxysm. A fever may "seize" or "capture" someone, also a military word (and so the words "seizure" or "attack" are good translations of *paroxysmos*). It is perhaps because he perceives fever as a series of fits that Galen sometimes uses the plural "fevers" rather than the singular (even in cases where he has not diagnosed a combination of periodic fevers).[48]

Besides the military metaphor for the fever's assault on the patient, I would suggest (and this is very impressionistic) another metaphor for Galen's efforts to cure fever. One story from *On the differences in fevers* describes the symptoms and progress of a case of combined tertian and quotidian fever in unusual detail (this is perhaps the most "Hippocratic" of Galen's stories, focusing entirely on the patient's symptoms rather than on therapy). The constellation of symptoms (shivering, trembling, bilious vomit, diarrhea, sweats, small and irregular pulse) as they wax and wane in magnitude, "increase," "grow strong," "begin," "decline," "grow rapidly," "attack," "reach a climax," "remit," and "dissolve" on a finely calibrated schedule over a two-week period suggests a disease entity of substance and subtlety and even individuality, like an animal (**68**, 7.354–63K). Other stories also convey a similar idea of fever (as, for example, the subject of active verbs) and its behavior:

> II. The fever began for the adolescent with shivering just before dawn; so that it seemed to resemble tertian fever neither in its heat nor in its pulse. Neither a vomiting of bile followed nor a significant amount of sweating. Only on the second day, around the third hour, did a small amount of moisture arise; upon which the fever dissipated, so gradually, that around the evening he hardly seemed to be without fever; and a sure enough sign of fever remained clearly in the pulse. Anyhow he felt very well in the evening and through the whole night. Again around dawn of the third day a second attack occurred, similar in every way to the first one, also in timing. And on the following night, a little before day [-break], sweating occurred, and the fever ceased around dawn of the fourth day. And for all the rest of the autumn and winter, in which he was sick, all the other things, including the time of the attack and of the dissipation of the fever, remained the same. (**206**, 11.27–28K)[49]

Here the fever "began" and "dissipated . . . gradually" and "ceased"; the recurrent onset of its symptoms is called an "attack" (καταβολή). Furthermore, the fever is deceptive in not producing the usual symptoms (Galen describes it as "atypical," οὐκ ἀκριβῆ), but Galen can still find a "sign" or "trace" (σημεῖον, also the medical word "symptom") in the patient's pulse; thus, at least some of the language suggests stalking (by observing and predicting its behavior), tracking, and outwitting a dangerous animal.

Not many sentences or phrases bring the physician into direct contact with the fever or show the physician acting on the fever. An exception is a story in which Galen cures a feverish patient by letting blood; the patient immediately faints and also vomits, evacuates through the bowels, and breaks out into a sweat, thus purging the noxious humors; these things "immediately extinguished the fever, so that some of those who were present said, 'man, you have slaughtered the fever'" (**182**, 10.612K). The rest of the story describes Galen patiently observing the fever and its symptoms in an effort to identify it, reserving judgment, describing its behavior, like a hunter stalking prey until he is finally ready to move in for the kill. The most prolonged and dramatic story of Galen's interaction with a fever is the story of the patient he revives from a coma using groat porridge.

> JJ. i) since I had completely convinced myself that he was going to be seized with both a hectic and a wasting fever if he did not eat, I prepared a porridge from groats as quickly as possible and I gave it to him to eat . . . ii) The paroxysm attacked at its [accustomed] time, around the eleventh hour, with no less vigor . . . Therefore on the fourth day, I gave him food in the morning and also in the evening . . . iii) Since a slight, persistent fever remained, on the fifth day again I thought it best to feed him not just with porridge as before . . . iv) The onset of the paroxysm on the fifth day was about the same. And again

> we fed him . . . v) Therefore when on the ninth day we likewise fed the man, and observed in the paroxysm that his pulse had better tone, but that he was still weak, with chilling of the extremities . . . vi) We allowed him to pass the paroxysmal hours [without food]. Complete asphyxia occurred in those hours and an extreme chilling of the whole body . . . vii) I opened his jaws and poured in three cyanthes' worth of barley broth through a funnel. . . . Thereupon he looked up, and began to hear and to speak . . . viii) observing that he easily endured the paroxysm on the thirteenth day, on the fourteenth day again I fed him . . . ix) I fed him in the morning. And since he bore the paroxysm at that time more easily. . . (**184**, 10.674–78K)

The nine excerpts from the story show a continual exchange between Galen and the disease—the fever or paroxysm—in which he observes and tracks its behavior, responds to it, and occasionally anticipates it. In fact, his interaction with the fever in this story is much more intense than that with the patient or even with the rival physicians, although his dramatic humiliation of the latter is the story's high point. Also in another story Galen strives to anticipate and essentially outwit the fever: "Finding a considerable decline in the fever, we hurried as quickly as possible to make use of the opportunity, especially because we anticipated that the suspect hour would bring the beginning of another paroxysm" (**191**, 10.792–93K).

There are some stories in which Galen acts more like a master of the fever, confidently predicting its course, reassuring the family, dictating remedies, or simply causing it to "stop."[50] In these stories, Galen's interactions with the fever resemble his interactions with the patient. But more often, Galen's struggle with disease is different from his flashy, public victories over his rivals or his more intimate, intense struggle with the patient for dominance. It is more like hunting a wild animal, where the physician deploys all his subtle skill to track, to identify, and to outwit an elusive and dangerous prey. This at least seems true when the prey is fever, ancient medicine's most complex, mysterious, frightening, and even charismatic disease. A few other diseases also captured Galen's imagination and could be discussed as literary entities—notably epilepsy—but none is described so frequently and with such richness as fever.[51]

Conclusion

This book is about Galen's subjective experience and his subjective account of that experience. It is not about what really happened between physicians and patients, which we do not know; we only know how Galen represented those encounters. However, with rare exceptions, we are dependent for the knowledge of almost any event, if any degree of nuance is sought, on subjective narrative of some kind. Medicine is a good discipline in which to study the lens through which reality is filtered. The scientific reality behind the patient's problem—the disease—is obscure and must be sought through clues, signs, and stories; and today through laboratory tests, though the interpretation of some tests, notably imaging studies, is also subjective. In many cases, the pursuit of the disease—of its identity as well as of its cure—becomes a dramatic narrative of its own, and in the end, the patient may never know what is wrong with him or her.

Disease is of course a scientific reality, but it is elusive. I have not attempted to identify the diseases behind the symptoms Galen's patients exhibited or described. That reality is unknown and inaccessible; we do not have Galen's patients before us to undergo tests and observation. We have only his descriptions of his patients, their symptoms, the progress of their illnesses, their interactions with himself. It is possible that the patients, if questioned (as Galen did in fact question them) would have told the stories much differently. But this should not be assumed. Galen had much in common with some of his patients: education, lifestyle, and value system.

If "disease" is a scientific reality and "illness" is its subjective experience—by patient and doctor—what is illness? Galen's stories offer many possible answers: a social event; a crisis or turning point; a test of the physician; a challenge to the patient, who may be a householder, a man of action, a competitor temporarily sidelined, his sovereignty over his most basic bodily activities undermined, his ability to take any action obliterated.

Illness inhabits its own time and space. Galen's stories offer few contextual details that tie them to the outer world. Although the clinical encounter may have underlying features in common with other events, such as athletic contests, these do not impinge directly on the story except occasionally as background; the stories float free of their historical context, in the specific world defined by illness. Once

therapy is under way time and space contract around the illness, characters become anonymous the world consists of bedrooms, baths, the intimate space around the patient, and the interior of his or her body. Time telescopes to a clinical accounting of hours and days as the art of medicine attempts to predict, rationalize, and manage the organic rhythms of disease—with its cycle of paroxysms, its crises, and its critical moments. Disease is perhaps the original and primal drama, whose resolution only time can reveal; for this reason, the ideal physician is a master of time, with the ability to identify and anticipate the *kairos,* and to predict the disease's course or outcome with dazzling accuracy. Creating an illness-world, with its idiosyncratic spatial and temporal organization, with its own rules and attributes, medical narrative turns the terrifying unknown into something that can be understood and potentially controlled.

Who inhabits this world? Among its characters, physician and patient contend for top billing and each play multiple roles: the physician is competitor, savior, household master, arguably household servant; the patient may be citizen, master, servant, endangered victim, or even the passive subject of a test or contest. Each of these roles requires ancillary characters: friends, servants, judges, and so forth. And finally, there is the disease, which is also a character in many stories.

Some stories are staged like contests in which the physician takes on rivals and emerges victorious from a grueling physical, intellectual, or verbal competition. The competition in this case is not with the disease nor with the patient but with other professional physicians; it is a contest of skill or *techne.* The profession of medicine is defined to some extent by this competition. Judges or witnesses are important: the cure takes place in a room full of spectators, notably the patient's male friends rather than servants, children, or female relatives. The friends may test the physician by questioning him or challenging him; they are advocates for the patient's best care, but they also heighten the caliber of the competition. They also judge the outcome, when their reaction to the cure is recorded. Spectators are astounded and impressed; they respond (to victory) with adulation and praise or (to failure) with contempt and laughter. In some stories, the head of household plays the role of judge if the patient is a woman, a child, or a slave. Approximating the role of civic magistrate in public competitions, he organizes the contest—by calling rival physicians together to consult on a case—and judges the outcome, in one case even awarding a cash prize. The role of the patient in this scenario is very passive. The patient typically is not a witness or a judge or a professional rival—though occasionally a patient takes on one of these roles (for example, a patient who is a doctor can be a rival), this is not typical of Galen's stories.

Another reading of the drama of illness makes the patient the main character,

in particular because of the role of "history"—the patient's history—in most stories. Only the patient can be said to have character in the sense of particular attributes, emotion, lifestyle, and social context. (The physician has skill, but the only emotion he ever expresses is exasperation with, or contempt for, his rivals.) This is all contained in the patient's history. Furthermore, the patient's history is also told from the patient's point of view, or as an alternative, it is elicited in dialogue with the patient, which can include the latter's exact words. The patient's perspective is well represented in Galen's stories, even though at first glance they seem like first-person narratives centered on Galen himself.

Illness is something that happens to the patient—as a result of accident, travel, grief, or some other cause—not to the physician; it is the patient's drama in that sense. The characterization of the patient may be very specific even if it is brief. The type with pride of place in Galen's mind epitomizes Hellenic, civic values—a "youth" in the prime of life, an urban-dwelling male of leisured lifestyle who exercises in the gymnasium; by nature or by implication masculine in temperament, competitive, surrounded by the male friends who make up his public, social world. He is also a householder; Galen's stories usually take place in houses, when the context is specified. The patient's servants sometimes play a role in the story.

However, not all of Galen's patients are youths, or male, or urban, or householders. He treats all kinds of people, without obvious condescension or variation in effort or quality of care. Medicine does not just reproduce the social roles of the wider world; it also changes them. Illness causes power to shift from where it normally resides—in the head of household—to the physician, if the householder is ill. The struggle for the patient's absolute obedience in all mundane things is a theme of many stories; also the patient's servants must obey Galen; also if she is a woman, Galen's privileged access to her or dominance over her may usurp the power of the householder. However, because Galen performs many tasks typical of domestic servants, and even sometimes colludes with servants to trick recalcitrant patients or to impress an audience, his status in the household is ambiguous. Power in the household is negotiated and contested in Galen's stories, though this theme lies deep beneath their surface and is hard to see on a casual reading.

The world of illness is like a mirror world, a micro-drama within the longer drama of life and death. And if illness is medicalized rather than treated—as it often was in antiquity—by cult, a unique character enters the drama, or rather two unique characters. One is the disease, whose presence defines the drama and whose actions, perceived dimly through signs and timing, shape its parameters. The other unique character is the physician, one whose part, in other types of healing drama, might be played by a saint, a priest, or a god. Roles familiar from other realms of

life—athletics, the city, the household—all appear but are altered by the constraints of illness. A competitor may become a passive object of competition; a householder may become like a slave; an outsider, the physician, may usurp multiple types of power; a usually invisible character, a servant or woman or child, may become the center of attention as the patient, with a history and a point of view. If all of this is true in medicine, then it is true in other contexts as well. The roles we play, that is, our "social status," is not fixed and immutable; it is constantly challenged, undermined, warped, expanded, and altered by the contexts in which we find ourselves.

The president of a small liberal arts college once asked me during a job interview whether the Romans were "like us." I could not recover from the unexpected intelligence of the question in time to offer a good answer, but I know now what I should have said. The Romans are not "like us" as much as we are like them. Galen's illness-world of crowded bedrooms, bedside debates and histrionics, domestic power plays, broad stereotyping of patients, and the elusive, cyclical disease that subtly dominates many of his finest stories may seem odd or alien to many modern readers. But is it? The case history persists as a medical genre today because it serves some of the same functions as in Galen's time. It captures the social aspects of illness, describes the patient as an individual (even as a "character"), and his or her circumstances and point of view; it also captures the elusive quality of disease, whose identity must still be tracked, as it was then, by signs and symptoms, intuited and guessed at. Medicine is still a drama, as its popularity in television series attests; it always will be. I am not a physician, but if some among my readers recognize in Galen's stories a primal element of their profession, if they see through what must seem the absurdity of his doctrines and the outrageousness of his arrogance to the ancient human drama at the heart of medicine, I am humbly satisfied.

Works Cited from Galen's Corpus

Below I have listed Galen's works according to the abbreviations I have used. For the sake of simplicity, in the notes I cite texts by their volume and page numbers in Karl Kühn's 1821 edition of Galen's works; Kühn is abbreviated as K. Here, I have noted standard modern critical editions, where these exist, and translations into English where these exist. Where the name of the treatise is unaccompanied by references, the standard edition is still Kühn's.

Kühn published many works falsely attributed to Galen, and the authenticity of some of the works I use has been questioned. I have not tried to pronounce on authenticity but follow scholarly consensus as represented in the *TLG Canon of Authors and Works.*

Adhort. art. — *Adhortatio ad artes addiscendas.* Edition, with French translation: Véronique Boudon, *Galien, Tome II: Exhortation à l'étude de la médecine; Art médical (Collection des universités de France, L'Association Guillaume Budé),* Paris, 2000. English translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.

Adv. Jul. — *Adversus ea quae a Juliano in Hippocratis aphorismos enuntiata sunt.* Edition: Ernst Wenkebach, *Corpus Medicorum Graecorum* 5.10.3, Berlin: Akademie-Verlag, 1951.

Adv. Lycum — *Adversus Lycum.* Edition: Ernst Wenkebach, *Corpus Medicorum Graecorum* 5.10.3, Berlin: Akademie-Verlag, 1951.

Aliment. fac. — *De alimentorum facultatibus.* Edition: Konrad Koch et al., *Corpus Medicorum Graecorum* 5.4.2, Leipzig: Teubner, 1923. Translations: O. W. Powell and John Wilkins, *On the Properties of Foodstuffs,* Cambridge: Cambridge University Press, 2003. Mark Grant, *Galen on Food and Diet,* London: Routledge, 2000.

Anat. admin. — *De anatomicis administrationibus* (Greek and Arabic). Edition of books surviving in Greek: Ivan Garofalo, *Galenus: Anatomicarum administrationum libri quae supersunt novem,* 2 vols., Naples: Brill, 1986. Edition of books surving in Arabic, with German transla-

tion: Max Simon, *Sieben Bücher Anatomie des Galen,* Leipzig: J. C. Hinrichs'sche Buchhandlung, 1906. Translation of books surviving in Greek: Charles Singer, *On Anatomical Procedures,* London: Oxford University Press for the Wellcome Historical Medical Museum, 1956. Translation of books surviving in Arabic: Malcolm Lyons and B. Towers, eds., and W. L. H. Duckworth, tr., *On Anatomical Procedures: The Later Books,* Cambridge: Cambridge University Press, 1962.

Anim. affect. dign. *De animi cuiuslibet affectuum dignotione et curatione.* Editions: Wilko de Boer, *Corpus Medicorum Graecorum* 5.4.1.1, Leipzig: Teubner, 1937. Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 1. Translations: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997. Paul W. Harkins and Walther Riese, *Galen on the Passions and Errors of the Soul,* Columbus: Ohio State University Press, 1963.

Anim. pecc. dign. *De animi cuiuslibet peccatorum dignotione et curatione.* Editions: Wilko de Boer, *Corpus Medicorum Graecorum* 5.4.1.1, Leipzig: Teubner, 1937. Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 1. Translations: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997. Paul W. Harkins and Walther Riese, *Galen on the Passions and Errors of the Soul,* Columbus: Ohio State University Press, 1963.

Antid. *De antidotis.*

Ars medica. Edition, with French translation: Véronique Boudon, *Galien, Tome II: Exhortation à l'étude de la médecine; Art médical (Collection des universités de France, L'Association Guillaume Budé),* Paris, 2000. English translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.

Atra bile *De atra bile.* Edition: Wilko de Boer, *Corpus Medicorum Graecorum* 5.4.1.1, Leipzig: Teubner, 1937. Translation: Mark Grant, *Galen on Food and Diet,* London: Routledge, 2000.

Bon. hab. *De bono habitu.* Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.

Bon. mal. suc.	*De bonis malisque sucis.* Edition: Konrad Koch et al., *Corpus Medicorum Graecorum* 5.4.2, Leipzig: Teubner, 1923. Edition, with Italian translation: Anna Maria Ieraci Bio, *De bonis malisque sucis,* Naples: M. D'Auria, 1987.
Caus. morb.	*De causis morborum.* Translations: Ian Johnston, *Galen on Diseases and Symptoms,* Cambridge: Cambridge University Press, 2006. Mark Grant, *Galen on Food and Diet,* London: Routledge, 2000.
Com. Hipp.	*De comate secundum Hippocratem.* Edition: Hermann Diels, Johannes Mewaldt, and Joseph Heeg, *Corpus Medicorum Graecorum* 5.9.2, Leipzig: Teubner, 1915.
Comp. med. gen.	*De compositione medicamentorum per genera.*
Comp. med. loc.	*De compositione medicamentorum secundum locos.*
Const. art.	*De constitutione artis medicae ad Patrophilum.* Edition, with Italian translation: Stefania Fortuna, *Corpus Medicorum Graecorum* 5.1.3, Berlin: Akademie-Verlag, 1997.
Cris.	*De crisibus.* Edition, with German translation: Bengt Alexanderson, ΠΕΡΙ ΚΡΙΣΕΩΝ: *Überlieferung und Text* (*Studia Graeca et Latina Gothoburgensia* 23), Stockholm, 1967.
Cur. ven. sect.	*De curandi ratione per venae sectionem.* Translation: Peter Brain, *Galen On Bloodletting,* Cambridge: Cambridge University Press, 1986.
Diaet. morb. acut. Hipp.	*De diaeta in morbis acutis secundum Hippocratem* (Arabic). Edition, with English translation: Malcolm Lyons, *Corpus Medicorum Graecorum, Supplementum Orientale* 2, Berlin: Akademie-Verlag 1969.
Dieb. decret.	*De diebus decretoriis.*
Diff. puls.	*De differentia pulsuum.*
Diff. resp.	*De difficultate respirationis.*
Dign. insomn.	*De dignotione ex insomniis.*
Dign. puls.	*De dignoscendis pulsibus.*
Elem. Hipp.	*De elementis secundum Hippocratem.* Edition, with English translation: Phillip de Lacy, *Corpus Medicorum Graecorum* 5.1.2, Berlin: Akademie-Verlag, 1996.
Exp. med.	*De experientia medica* (Arabic). Edition, with English translation: R. Walzer, *Galen on Medical Experience,* London: Oxford University Press for the Trustees of Sir Henry Wellcome, 1944. Translation: M. Frede and R. Walzer, *Three Treatises on the Nature of Science,* Indianapolis, IN: Hackett, 1985.

Febr. diff.	*De febrium differentiis.*
Foet. form.	*De foetuum formatione.* Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Gal. fasc.	*Ex Galeni commentariis De fasciis* (=Oribasius 48.19). Edition: Johannes Raeder, ed., *Oribasius: Collectionum medicarum reliquae* (*Corpus Medicorum Graecorum* 6.1.1–6.2.2), 4 vols., Leipzig: Teubner, 1928–1933, vol. 6.2.1, 269–273.
Hipp. aer.	*In Hippocratis De aeris, aquis et locis commentarius* (Hebrew). Edition with English translation: Abraham Wasserstein, "Galen's Commentary on the Hippocratic Treatise *Airs, Waters, Places,*" *Proceedings of the Israel Academy of Sciences and Humanities* 6 (1983), 185–303.
Hipp. aph.	*In Hippocratis Aphorismos commentarius.*
Hipp. artic.	*In Hippocratis librum De articulis commentarius.*
Hipp. 1 epid.	*In Hippocratis Epidemiarum librum primum commentarius.* Edition: Ernst Wenkebach and Franz Pfaff, *Corpus Medicorum Graecorum* 5.10.1, Leipzig: Teubner, 1934.
Hipp. 2 epid.	*In Hippocratis Epidemiarum librum secundum commentarius* (Arabic). Edition, with German translation: Ernst Wenkebach and Franz Pfaff, *Corpus Medicorum Graecorum* 5.10.1, Leipzig: Teubner, 1934.
Hipp. 3 epid.	*In Hippocratis Epidemiarum librum tertium commentarius.* Edition: Ernst Wenkebach, *Corpus Medicorum Graecorum* 5.10.2.1, Leipzig: Teubner, 1936.
Hipp. 6 epid.	*In Hippocratis Epidemiarum librum sextum commentarius.* Edition, with German translation of parts surviving in Arabic: Ernst Wenkebach and Franz Pfaff, *Corpus Medicorum Graecorum* 5.10.2.2, 2nd ed., Berlin: Akademie-Verlag, 1956.
Hipp. fract.	*In Hippocratis librum De fracturis commentarius.*
Hipp. nat. hom.	*Hippocratis De natura hominis liber primus et Galeni in eum commentarius.* Edition: Johannes Mewaldt, *Corpus Medicorum Graecorum* 5.9.1, Leipzig: Teubner, 1914.
Hipp. off.	*In Hippocratis librum De officina medici commentarius* (Greek and Arabic). Edition of Arabic text, with English translation: Malcolm Lyons, *Corpus Medicorum Graecorum, Supplementum Orientale* 1, Berlin: Akademie-Verlag, 1963.
Hipp. prog.	*In Hippocratis Prognostica commentarius.* Edition: Hermann Diels,

	Johannes Mewaldt, and Joseph Heeg, *Corpus Medicorum Graecorum* 5.9.2, Leipzig: Teubner, 1915.
Hipp. prorrhet.	*In Hippocratis librum primum Prorrheticum commentarius.* Edition: Hermann Diels, Johannes Mewaldt, and Joseph Heeg, *Corpus Medicorum Graecorum* 5.9.2, Leipzig: Teubner, 1915.
Hipp. sal. vict.	*In Hippocratis vel Polybi De salubri victus ratione commentarius.*
Hipp. vict. acut.	*In Hippocratis librum De acutorum victu commentarius.* Edition: Georg Helmreich, *Corpus Medicorum Graecorum* 5.9.1, Leipzig: Teubner, 1914.
Instrum. oder.	*De instrumento oderatus.* Edition, with German translation: Jutta Kollesch, *Corpus Medicorum Graecorum Supplementum* 5, Berlin: Akademie-Verlag, 1964.
Libr. propr.	*De libris propriis.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 2. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Loc. affect.	*De locis affectis.* Translation: Rudolph E. Siegel, *Galen on the Affected Parts,* Basel: S. Karger, 1976.
Meth. med.	*De methodo medendi.* Translation of books 1 and 2: R. J. Hankinson, *On the Therapeutic Method,* Oxford: Oxford University Press, 1991.
Meth. med. Glauc.	*De methodo medendi ad Glauconem.*
Morb. diff.	*De morborum differentiis.* Translation: Ian Johnston, *Galen on Diseases and Symptoms,* Cambridge: Cambridge University Press, 2006.
Morb. temp.	*De morborum temporibus.*
Motu musc.	*De motu musculorum.*
Musc. dissect.	*De musculorum dissectione ad tirones.* Translation: Charles Mayo Goss, "On the Anatomy of Muscles for Beginners," *Anatomical Record* 145 (1963), 477–501.
Nat. fac.	*De naturalibus facultatibus.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 3. Edition, with English translation: Arthur John Brock, *On the Natural Faculties,* London: Heinemann; and Cambridge, MA: Harvard University Press (Loeb Classical Library), 1916.

Nerv. dissect.	*De nervorum dissectione.* Translation of Greek version: Charles Mayo Goss, "On the Anatomy of the Nerves," *American Journal of Anatomy* 18 (1966), 327–336. Edition of Arabic version, with English translation: Ahmad M. Al-Dubayan, *Über die Anatomie der Nerven,* Berlin: Klaus Schwarz Verlag, 2000.
Nomin. med.	*De nominibus medicis* (Arabic). Edition, with German translation: Max Meyerhof and Joseph Schacht, "Galen über die medizinischen Namen," *Abhandlungen der preussischen Akademie der Wissenschaften* 3 (1931).
On the absence of grief = Περὶ ἀλυπίας.	Véronique Boudon-Millot, "Un traité perdu de Galien miraculeusement retrouvé, le *Sur l'inutilité de se chagriner:* texte grec et traduction française," in V. Boudon-Millot, A. Guardasole, and C. Magdelaine, eds., *La science médicale antique: nouveaux regards,* Paris: Beauchesne, 2007, 67–118.
Opt. corp. const.	*De optima corporis nostri constitutione.* Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Opt. med. philosoph.	*Quod optimus medicus sit quoque philosophus.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 2. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997. Edition of Arabic version, with German translation: Peter Bachmann, *Galens Abhandlung darüber, dass der vorzügliche Arzt Philosoph sein muss,* Göttingen: Vanderhoeck & Ruprecht, 1966.
Opt. med. cogn.	*De optimo medico cognoscendo* (Arabic). Edition, with English translation: Albert Z. Iskandar, *Corpus Medicorum Graecorum, Supplementum Orientale* 4, Berlin: Akademie-Verlag, 1988.
Ord. libr. propr.	*De ordine librorum suorum ad Eugenianum.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 2. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Part. med.	*De partibus artis medicativae* (Arabic and Latin). Edition, with English translation: Malcolm Lyons, *Corpus Medicorum Graecorum, Supplementum Orientale* 2, Berlin: Akademie-Verlag 1969.
Parv. pil.	*De parvae pilae exercitio.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amster-

	dam: Hakkert, 1967), vol. 1. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Plac. Hipp. Plat.	*De placitis Hippocratis et Platonis.* Edition, with English translation: Phillip de Lacy, *Corpus Medicorum Graecorum* 5.4.1.2, 2 vols., 3rd edition, Berlin: Akademie-Verlag, 1984.
Plen.	*De plenitudine.* Edition, with German translation: Christoph Otte, *De plenitudine* (*Serta Graeca: Beiträge zur Erforschung griechischer Texte* 9), Weisbaden: Dr. Ludwig Reichert Verlag, 2001.
Praecog.	*De praecognitione.* Edition, with English translation: Vivian Nutton, *Corpus Medicorum Graecorum* 5.8.1, Berlin: Akademie-Verlag, 1979.
Praes. puls.	*De praesagitione ex pulsibus.*
Puer. epil.	*Puero epileptico consilium.*
Puls. tir.	*De pulsibus ad tirones.* Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Purg. med. fac.	*De purgantium medicamentorum facultate.*
San. tuend.	*De sanitate tuenda.* Edition: Konrad Koch et al., *Corpus Medicorum Graecorum* 5.4.2, Leipzig: Teubner, 1923. Translation: Robert Montraville Green, *A Translation of Galen's Hygiene,* Springfield, IL: Thomas, 1951.
Sect. intro.	*De sectis, ad eos qui introducuntur.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 3. Translation: M. Frede and R. Walzer, *Three Treatises on the Nature of Science,* Indianapolis, IN: Hakkert, 1985.
Sem.	*De semine.* Edition, with English translation: Phillip de Lacy, *Corpus Medicorum Graecorum* 5.3.1, Berlin: Akademie-Verlag, 1992.
Sim. morb.	*Quomodo simulantes morbum sint deprehendendi.* Edition: Karl Deichgräber and Fridolf Kudlien, *Galeni in Hippocratis Epidemiarum libros I et II. Indizes. . . .* (*Corpus Medicorum Graecorum* 5.10.2.4), Berlin: Akademie-Verlag 1960, 113–116. This treatise is excerpted from a longer passage in *Hipp. 2 epid.*, pp. 206–213 Wenkebach and Pfaff (German translation).
Simp. med.	*De simplicium medicamentorum temperamentis et facultatibus.*
Subfig. emp.	*Subfiguratio empirica.* Edition: Karl Deichgräber, *Die griechische Empiriker schule: Samm-lung der Fragmente und Darstellung der Lehre,* Berlin and Zurich: Weidmannsche Verlagsbuchhandlung,

	1965. Translation: M. Frede and R. Walzer, *Three Treatises on the Nature of Science,* Indianapolis, IN: Hakkert, 1985.
Sympt. caus.	*De symptomatum causis.* Translation: Ian Johnston, *Galen on Diseases and Symptoms,* Cambridge: Cambridge University Press, 2006.
Sympt. diff.	*De symptomatum differentiis.* Translation: Ian Johnston, *Galen on Diseases and Symptoms,* Cambridge: Cambridge University Press, 2006.
Syn. puls.	*Synopsis librorum de pulsibus.*
Temp.	*De temperamentis.* Edition: Georg Helmreich, *Galeni De temperamentis libri III,* Leipzig: Teubner, 1904. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Ther. Pis.	*De theriaca ad Pisonem.*
Thras. med. gymn.	*Ad Thrasybulum utrum medicinae sit an gymnasticae hygenie.* Edition: Johann Marquardt, Iwan von Müller, and Georg Helmreich, eds., *Claudii Galeni Pergameni Scripta Minora,* 3 vols., Leipzig: Teubner, 1884–1893 (repr. Amsterdam: Hakkert, 1967), vol. 3. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.
Tot. morb. temp.	*De totius morbi temporibus.*
Trem. palp.	*De tremore, palpitatione, convulsione et rigore.*
Typ.	*De typis.*
Typ. scrips.	*Adversus eos, qui de typis scripserunt.*
Usu part.	*De usu partium.* Edition: Georg Helmreich, *Galeni De usu partium libri XVII,* 2 vols., Leipzig: Teubner, 1907–9 (repr. Amsterdam: Hakkert, 1968). Translation: Margaret Tallmadge May, *Galen on the Usefulness of the Parts of the Body,* 2 vols., Ithaca, NY: Cornell University Press, 1968.
Uter. dissect.	*De uteri dissectione.* Edition, with German translation: Diethard Nickel, *Corpus Medicorum Graecorum* 5.2.1, Berlin: Akademie-Verlag, 1971. English translation: Charles Mayo Goss, "On the Anatomy of the Uterus," *Anatomical Record* 144 (1962), 77–84.
Util. resp.	*De utilitate respirationis.* Translation: David J. Furley and J. S. Wilkie, *Galen on Respiration and the Arteries,* Princeton, NJ: Princeton University Press, 1984.
Ven. art. dissect.	*De venarum arteriarumque dissectione.* Translation: Charles Mayo Goss, "On the Anatomy of Veins and Arteries," *Anatomical Record* 141 (1961), 355–366.

Ven. sect. Eras. *De venae sectione adversus Erasistratum.* Translation: Peter Brain, *Galen on Bloodletting,* Cambridge: Cambridge University Press, 1986.

Ven. sect. Eras. Rom. *De venae sectione adversus Erasistrateos Romae degentes.* Translation: Peter Brain, *Galen on Bloodletting,* Cambridge: Cambridge University Press, 1986.

Vict. atten. *De victu attenuante.* Editions: Konrad Koch et al., *Corpus Medicorum Graecorum* 5.4.2, Leipzig: Teubner, 1923. Karl Kalbfleisch, *Galeni de victu attenuante liber,* Leipzig: Teubner, 1898. Translation: P. N. Singer, *Galen: Selected Works,* Oxford: Oxford University Press, 1997.

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Table of Cases

This table excludes Hippocratic case histories (which Galen quotes or refers to in his commentaries on Hippocratic works), hypothetical case histories, case histories of animals, and stories about groups of people that do not single out an individual. It is also likely that I have overlooked some case histories. I have not tried to apply modern diagnoses to Galen's patients but have kept as close as possible to what Galen says about them; I rely on LSJ and on Durling (1993) for the translation of medical vocabulary.

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
1	*Temp.* 2.6 (1.631K)	Eudemus, philosopher	Bilious stomach		Cp. no. 287. Eudemus is cited as an example of the bilious temperament. For a clinical story about this patient, see nos. 272, 298.
2	*Anat. admin.* 2.3 (2.298–99K)	Runner; *anthropos*	Muscle injury while racing	Galen saw the injury, knows the long-term outcome	
3	*Anat. admin.* 3.1 (2.343–45K)	Sophist	Loss of sensation in fingers	Galen treats patient	See nos. 84, 110, and 347 for the same patient
4	*Anat. admin.* 3.9 (2.395–96K)	Male	Unclear	Incompetent physician treats patient, severing nerves and arteries	
5	*Anat. admin.* 7.13 (2.632–33K)	Slave of Maryllus the mime-writer; child? (*pais;* and Galen refers to the patient's *despotes*)	Putrefaction of sternum following wrestling injury	Galen treats patient	Galen excises bone and exposes heart. See no. 25 for the same story. Reference to the name of the master is in *Anat. admin.* 7.12 (2.631K).
6	*Anat. admin.* 7.13 (2.634K)	Male, *anthropos*	Sepsis of the arm; gangrene after botched operation	Unclear	Patient dies after incompetent treatment by another doctor

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
7	*Instrum. oder.* 4 (2.868–69K)	Youth (*neaniskos*), *anthropos*	Catarrh has affected sense of smell	Unclear; patient treats self	Galen tests patient's remedy on his own household servants
8	*Usu part.* 4.9 (3.286–87K)	Gladiator; *anthropos*	Abdominal wound	Galen treats patient	Galen surgically removes omentum
9	*Usu part.* 5.4 (3.353K)	Male	Anorexia; vomiting radishes	Galen saw patient	
10	*Usu part.* 8.10 (3.664K)	Youth (*neaniskos*); at Smyrna	Wound to ventricle of the brain	Galen saw patient	Galen considers patient's survival miraculous. Cp. no. 326.
11	*Usu part.* 14.11 (4.191–92K)	Male, *anthropos*	Difficulty urinating; shriveled genitals	Galen treats patient	
12	*Motu musc.* 2.4 (4.435–36K)	Galen	Sleepwalking during a journey		
13	*Motu musc.* 2.6 (4.446–48K)	Male, *anthropos*	Delirium (*paranoia*), fever; confuses Athens and Rome	Unclear; "I know someone"	
14	*Motu musc.* 2.6 (4.448–49K)	Barbarian; servant (*oiketes*)	Suicide, by holding breath	Unclear	
15	*Usu resp.* 5 (4.504–5K)	Child or slave (*pais*)		Galen stages experiment	Example of experimentation; tests whether we breathe air
16	*Sem.* 2.1 (4.598K)	Widow for a long time; female; *gune*	Hysterical diseases	Unclear	See no. 146 for the same story
17	*Anim. affect. dign.* 4 (5.16K)	Male, *anthropos*	Anger	Galen recalls seeing man kick door and bite key	First in series of examples of anger
18	*Anim. affect. dign.* 4 (5.17K)	Male	Anger	Galen recalls seeing man hit servant in the eye with pen	Cp. no. 66. See comment, no. 17
19	*Anim. affect. dign.* 4 (5.17–18K)	Emperor Hadrian	Anger; puts out servant's eye with pen	Galen has heard story ("as they say")	See comment, no. 17

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
20	*Anim. affect. dign.* 4 (5.18–20K)	Friend from Gortyn; *aner.* Two servants (*oiketai*) are also patients	Anger; servants suffer from head wounds inflicted by master	Galen treats servants, admonishes master	See comment, no. 17
21	*Anim. affect. dign.* 7 (5.37K)	Youth (*neaniskos*); friend (*sunethestatos*)	Grief (*lupe*)	Galen admonishes friend	
22	*Anim. affect. dign.* 8 (5.40–41K)	Galen's mother	Anger and grief (*lupe*)		Galen recalls and contrasts character of his father vs. mother
23	*Anim. affect. dign.* 10 (5.54K)	Male, *anthropos*	Grief (*lupe*)	Galen admonishes subject	
24	*Atra bile* 4 (5.119K)	Male, *anthropos*	Ulceration of the leg and then of surgical wound	Galen's teacher at Pergamum, Stratonicus, treats patient	
25	*Plac. Hipp. Plat.* Testimonies and Fragments 7 (72–76 De Lacy and 5.181K)	Child (*paidarion*)	Fistula, putrefaction of sternum	Galen treats patient	Galen excises bone and exposes heart. See no. 5 for same story
26	*San. tuend.* 1.8 (6.44–45K)	Baby (*paidion*)	Crying all day	Galen treats patient, admonishes nurse	
27	*San. tuend.* 2.9 (6.141K)	Milo [sc. Milo of Croton, famous athlete of the sixth century BC]			Galen describes some of Milo's exercises
28	*San. tuend.* 5.1 (6.308–9K)	Galen			Galen describes his health history, especially regarding fever
29	*San. tuend.* 5.3 (6.327K) = 5.10 (157 Koch)	Child (*paidarion*), age 13	Thin legs	Galen treats patient	Apparently over years, Galen produces "well-proportioned youth"
30	*San. tuend.* 5.4 (6.332–33K)	Antiochus the physician; over 80 years old		Unclear	Galen describes Antiochus' healthy lifestyle

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
31	*San. tuend.* 5.4, 5.12 (6.333–34, 379–80K)	Telephus the grammarian; nearly 100 years old			Galen describes Telephus' healthy lifestyle
32	*San. tuend.* 5.7 (6.343–44K)	Farmer, more than 100 years old		"We knew a certain old farmer"	Galen describes subject's diet. First in a series of examples of effects of a milk diet
33	*San. tuend.* 5.7 (6.344K)	Male	Tries milk diet without success	Unclear	See comment, no. 32
34	*San. tuend.* 5.7 (10.344K)	Male	Tries milk diet and gets liver problems	Unclear	See comment, no. 32
35	*San. tuend.* 5.7 (6.344K)	Male	Tries milk diet, gets kidney stones	"I know someone else"	See comment, no. 32
36	*San. tuend.* 5.7 (6.345K)	Male	Tries milk diet, loses teeth	Same as no. 35	See comment, no. 32
37	*San. tuend.* 5.10 (6.358K)	Child (*pais*)	Thorax too thin, not aesthetic	Galen treats patient	
38	*San. tuend.* 5.11 (6.365–66, 671K)	Premigenes of Mytilene, Peripatetic philosopher	Fever when he skips a bath	Galen treats patient	
39	*San. tuend.* 5.11 (6.367K)	*Anthropos;* man of business	"Biting" heat	Unclear	Example of the effects of lifestyle on a condition
40	*San. tuend.* 5.11 (6.367–68K)	Male	"Sharp" and bilious heat; condensed skin; fever	Galen treats patient over years	Example of effects of lifestyle (exercise) on a condition
41	*San. tuend.* 6.5 (6.406K)	Emperor "Antoninus" (Marcus Aurelius)		Galen knows patient	Example of a healthy lifestyle incorporating gymnastic exercise
42	*San. tuend.* 6.7 (6.412K)	Galen			Galen describes his eating and exercise schedule
43	*San. tuend.* 6.8 (6.415–16K)	Male	Too thin	Unclear	Over-proud patient refuses to be covered in pitch
44	*San. tued.* 6.11 (6.434–35K)	Male, living in Campania	Kidney stones	Galen treats patient	

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
45	*San. tuend.* 6.14 (6.444–45K)	Male	Semen feels hot and biting	Galen treats patient	
46	*San. tuend.* 6.14 (6.446K)	Athlete	Sexual dreams	*Gymnastes* treats patient; Galen sees therapy	First in a series of 3 examples of the use of lead sheet to treat sexual dreams
47	*San. tuend.* 6.14 (6.446K)	Layman (*idiotes*) male	Same as no. 46	Galen treats patient	See comment, no. 46
48	*San. tuend.* 6.14 (6.446–47K)	Male	Same as no. 46	Galen treats patient	See comment, no. 46
49	*San. tuend.* 6.14 (6.448–49K)	Grammarian	Epileptic seizures	Galen treats patient	See nos. 130 and 216 for the same case
50	*Aliment. fac.* 1.1 (6.470–71K)	Old man (*presbutes*)		Unclear	Engages in debate with subject of no. 51 on benefits of honey
51	*Aliment. fac.* 1.1 (6.470–71K)	Male, 30 years old		Unclear	See comment, no. 50
52	*Aliment. fac.* 1.1 (6.471K)	Male	Stomach problems	Galen treats patient	
53	*Aliment fac.* 1.7 (6.498–99K)	Galen as adolescent (*meirakion*)	Indigestion		Galen and two companions become sick eating peasant food
54	*Aliment fac.* 1.25 (6.539K)	Youth (*neaniskos*); doctor, at Alexandria		Galen knows subject	Example of a healthy diet
55	*Aliment. fac.* 2.22 (6.598–601K)	Protus; rhetor; *aner;* friend	Diarrhea	Galen treats patient	Galen spends day with patient
56	*Aliment. fac.* 2.22 (6.600–601K)	Youth (*neaniskos*); *anthropos*	Constipation	Galen treats patient	Patient tells his story to Protus as part of case no. 55
57	*Aliment. fac.* 2.69 (6.656K)	Male	Ate bad mushrooms	"I know someone"	
58	*Aliment. fac.* 3.14 (6.686K)	Nursing baby (*paidion*)	Ulcers on the body	Galen has seen this or similar cases	
59	*Bon. mal. suc.* 1 (6.755–57K)	Galen as adolescent (*meirakion*) and young man	Disease (no symptoms specified)		Galen describes how he escaped chronic disease through diet and exercise

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
60	*Dign. insomn.* (6.833–34K)	Male, *anthropos*	Paralysis of leg (predicted in dream)	Galen treats patient or consults on case	
61	*Dign. insomn.* (6.834K)	Wrestler	*Plethos* of blood, predicted in dream	Galen treats patient	
62	*Morb. diff.* 9 (6.869K)	Nicomachus of Smyrna	Becomes too fat	Unclear	Asclepius cures patient
63	*Morb. diff.* 9 (6.869K)	Male	Swollen tongue	Galen has seen patient	Cp. no. 203
64	*Sympt. diff.* 3 (7.60–61K)	Theophilus the doctor	Delirium (*paraphrosune*); seeing flute players	Unclear	
65	*Sympt. diff.* 3 (7.61K)	Male, *phrenetikos*	Delirium (*paraphrosune*); throwing things out a window	Unclear	Cp. no. 111
66	*Sympt. caus.* 1.2 (7.100K)	Boy or slave (*pais*)	Eye pierced with stylus	Galen has seen patient	Galen is amazed that patient's eye recovered. Cp. no. 18
67	*Febr. diff.* 1.13 (7.328–29K)	Female, *gunaion, gune*	Hectic fever; combination of fevers	Galen diagnoses patient	Cp. no. 155
68	*Febr. diff.* 2.7 (7.354–63K)	Youth, *anthropos*	Combined tertian and continual quotidian fever; shivering; bilious vomit; bilious excrement; sweating; small, irregular pulse	Unclear; Galen seems to have treated patient	
69	*Plen.* 9 (7.558–59K)	Male	Ophthalmia	Unclear	First in a series of cases cited by Galen in debate with his teacher; stories are intertwined
70	*Plen.* 9 (7.558–59K)	Male	Injuries after falling from a vehicle and being dragged by the reins	Galen and teacher have spent time with patient; teacher has treated patient	See comment, no. 69

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
71	*Plen.* 9 (7.558–59K)	Male	Fever	Teacher has treated patient	See comment, no. 69
72	*Plen.* 9 (7.558–59K)	Male	Pleurisy	Unclear	See comment, no. 69
73	*Trem. palp.* 8 (7.635–36K)	Youth (*neaniskos*), fellow-student with Galen, at Alexandria	Trembling; rigors; fever	Galen advises patient	Galen blames unripe dates
74	*Trem. palp.* 8 (7.636K)	Female, *gune,* in Asia	Similar to no. 73 (previous)	Unclear	Galen uses this story to reassure patient in no. 73
75	*Loc. affect.* 1.1 (8.3–4K)	Adolescent (*meirakion*)	Coughing up membrane, loss of voice	Galen treats patient	
76	*Loc. affect.* 1.1 (8.4K)	Youth (*neaniskos*); in Mytilene	Wound in pubic area, from sword	Galen treats patient	
77	*Loc. affect.* 1.1 (8.13–14K)	Youth (*neaniskos*)	Wound in pubic area; retention of urine	Galen treats patient	
78	*Loc. affect.* 1.4 (8.41K)	Male, *anthropos*	Colic	Galen treats patient	First of 2 examples
79	*Loc. affect.* 1.4 (8.41–42K)	Male	Stomach pain	Galen treats patient	See comment, no. 78
80	*Loc. affect.* 1.6 (8.50–51K)	Youth (*neaniskos*)	Paralysis after a fall; loss of voice	Galen treats patient	Cp. no. 97
81	*Loc. affect.* 1.6 (8.54K)	Male	Lost voice after surgery in winter	Galen treats patient	First in a series of 3 examples of voice lost after neck surgery. Cp. no. 348
82	*Loc. affect.* 1.6 (8.55K)	Child (*paidarion*)	Loss of voice after incompetent surgery for swollen glands	Unclear; another doctor treats patient	See comment, no. 81.
83	*Loc. affect.* 1.6 (8.55K)	Child (*pais*)	Loss off voice after incompetent surgery	Unclear; another doctor treats patient	See comment, no. 81
84	*Loc. affect.* 1.6 (8.56–59K)	Male, *anthropos*	Loss of sensation in three fingers	Galen treats patient patient	See nos. 3, 110, and 347 for other versions of this story

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
85	*Loc. affect.* 1.6 (8.61K)	Male	Paralysis of hand	Unclear	First in a series of 3 brief stories about nerve damage
86	*Loc. affect.* 1.6 (8.61K)	Male	Partial paralysis?	Unclear	See comment, no. 85
87	*Loc. affect.* 1.6 (8.61K)	Male	Paralysis following blow to the seventh cervical vertebra	Unclear	See comment, no. 85
88	*Loc. affect.* 1.6 (8.64K)	Child (*paidion*), age about 6	Incontinence	Unclear	First in a series of brief stories illustrating the effects of trauma to the spinal column
89	*Loc. affect.* 1.6 (8.64K)	Old man (*geron*)	Incontinence	Unclear	See comment, no. 88
90	*Loc. affect.* 1.6 (8.64K)	Child (*paidion*), about 14	Incontinence, pain in bladder	Unclear	See comment, no. 88. Cp. nos. 94 and 117
91	*Loc. affect.* 1.6 (8.64K)	Male	Retention of urine	Unclear	See comment, no. 88
92	*Loc. affect.* 1.6 (8.64K)	Male	Incontinence	Unclear	See comment, no. 88
93	*Loc. affect.* 1.6 (8.64K)	Male	Incontinence	Unclear	See comment, no. 88
94	*Loc. affect.* 1.6 (8.65K)	Child (*pais*)	Damage to bladder and pubic area from fishing in cold river	Unclear	See comment, no. 88. Cp. nos. 90 and 117
95	*Loc. affect.* 2.5 (8.81–82K)	Galen	Abdominal pain		
96	*Loc. affect.* 2.10 (8.132K)	Slave or slave-boy (*paidarion, pais*) of a grammarian; at Pergammon	Insomnia, fever, delirium and death from drinking old, unmixed wine	Unclear	
97	*Loc. affect.* 3.3 (8.139K)	Male	Damage to voice after a fall	Unclear	Perhaps refers back to no. 80
98	*Loc. affect.* 3.3 (8.139K)	Male	Loss of sensation in fingers	Unclear	
99	*Loc. affect.* 3.5 (8.147K)	Could be male or female	Loss of memory	Galen tries to find cure	
100	*Loc. affect.* 3.7 (8.165–66K)	Male	Loss of memory, damaged reasoning (*logismos*)	"I know someone"	Galen blames overwork and insomnia from studying

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
101	*Loc. affect.* 3.7 (8.166K)	Vinedresser	Same as no. 100	Unclear	Galen blames malnutrition
102	*Loc. affect.* 3.11 (8.194, 198K)	Child (*pais*); age 13; "at home" (in Asia)	Epilepsy	Galen observed patient as an adolescent, together with teachers	Child is unable to describe his symptoms clearly; told together with no. 103
103	*Loc. affect.* 3.11 (8.194K)	Youth (*neaniskos*); "at home" (in Asia)	Epilepsy	Same as no. 102	Youth describes symptoms more clearly. See comment, no. 102
104	*Loc. affect.* 3.11 (8.195–96K)	Male	Scorpion sting	Unclear	
105	*Loc. affect.* 3.11 (8.197K)	Peasant, near Alexandria	Bite (probably from spider)	Unclear	First in a series of 3 examples of venomous bites
106	*Loc. affect.* 3.11 (8.197K)	Male	Same as no. 105	"I know someone else"	See comment, no. 105
107	*Loc. affect.* 3.11 (8.198K)	Peasant, vinedresser	Snakebite	Galen has seen patient	See comment, no. 105
108	*Loc. affect.* 3.14 (8.211K)	Male	Paralysis below the head; incontinence	Galen sees and diagnoses patient	
109	*Loc. affect.* 3.14 (8.212K)	Male	Paralysis in lower limbs	Galen has seen patient	
110	*Loc. affect.* 3.14 (8.213–14K)	Pausanias, sophist, having arrived at Rome from Syria	Loss of sensation in fingers	Galen treats patient	See nos. 3, 84, and 347 for the same story
111	*Loc. affect.* 4.2 (8.226K)	Male, at Rome, possibly a glassmaker	Delirium (*phrenitis*); throwing things out a window	Unclear	Throws roommate out the window. Roommate is a wool-worker and child or slave (*pais*). Cp. no. 65
112	*Loc. affect.* 4.2 (8.226–27K)	Galen, as an adolescent (*meirakion*)	Fever, delirium (*phrenitis*); plucking at imaginary bits of straw and wool		
113	*Loc. affect.* 4.7 (8.254–55K)	Secundus, gymnastic trainer	Difficulty breathing	Galen appears to see and treat patient	First in a series of examples of breathing difficulty

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
114	*Loc. affect.* 4.7 (8.255K)	Male	Difficulty breathing after being kicked by a horse	Galen has seen patient	See comment, no. 113
115	*Loc. affect.* 4.7 (8.255K)	Male, *anthropos*	Pneumonia; nerve damage and loss of sensation in arms and hands after recovery	Unclear	See comment, no. 113
116	*Loc. affect.* 4.7 (8.256K)	Male, *anthropos*	Suppuration on buttock; nerve damage during surgery and loss of mobility in leg	Galen treats patient	
117	*Loc. affect.* 4.7 (8.257K)	Male	Incontinence after fishing in cold river	Unclear	Cp. nos. 90 and 94. First of 2 examples of incontinence from nerve damage
118	*Loc. affect.* 4.7 (8.257K)	Male	Incontinence	Unclear	See comment, no. 117
119	*Loc. affect.* 4.7 (8.258–59K)		Loss of sensation in the head	Galen treats patient	
120	*Loc. affect.* 4.8 (8.265–66K)	Male, *anthropos*	Vomiting blood	Galen treats patient	Patient swallowed a leech. First of two examples of hemorrhage from leech
121	*Loc. affect.* 4.8 (8.266K)	Male, *anthropos,* perhaps a child	Bleeding from nose; spitting blood	Galen treats patient	Patient had a leech in his nose; see comment, no. 120
122	*Loc. affect.* 4.11 (8.290–91K)	Male	Coughing yellow fluid; fever; weight loss; coughing blood	Galen has apparently seen patient	Patient dies
123	*Loc. affect.* 4.11 (8.291K)	Male	Coughing up bits of lung	Galen treats patient	Patient dies. Story is intertwined with nos. 124 and 125
124	*Loc. affect.* 4.11 (8.291K)	Male	Same as no. 123	Galen treats patient	Patient dies. See comment, no. 123
125	*Loc. affect.* 4.11 (8.291–92K)	Male	Same as no. 123	Galen treats patient	Patient dies. See comment, no. 123

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
126	*Loc. affect.* 4.11 (8.292–93K)	Male	Coughing up sticky seed-like bits	Galen treats patient, apparently over a year	Patient improves at first, dies after several years
127	*Loc. affect.* 4.11 (8.293–96K)	Antipater; doctor, at Rome; *aner;* age between 50 and 60	"Anomaly" of pulse	Galen treats patient over several months	Patient dies
128	*Loc. affect.* 5.2 (8.305K)	Male	Palpitation	"I know someone"	Patient survives many years but dies prematurely
129	*Loc. affect.* 5.5 (8.336–37K)	Male; relatively young	Problems swallowing; fever; chills; vomiting pus	Unclear	Galen diagnoses ulcerated stomach
130	*Loc. affect.* 5.6 (8.340–41K)	Youth (*neaniskos*); grammarian; *aner*	Epileptic seizures	Galen treats patient	See nos. 49 and 216 for the same story
131	*Loc. affect.* 5.8 (8.355K)	Imperial servant (*oiketes*), snake-catcher	Snakebite, turns leek green	Galen treats patient	
132	*Loc. affect.* 5.8 (8.356–57K)	Stesianus	Abscess of muscles in abdomen	Galen treats patient	
133	*Loc. affect.* 5.8 (8.361–66K)	Doctor; Sicilian; at Rome	Liver disease; blood in stool; pain in side; cough; pain in collarbone	Galen examines, diagnoses patient	Glaucon's friend
134	*Loc. affect.* 5.8 (8.374K)	Male	Biliary fever	Galen treats patient	First of 2 examples of bilious patients
135	*Loc. affect.* 5.8 (8.374–75K)	Male	Too much bile	Galen treats patient	See comment, no. 134
136	*Loc. affect.* 6.4 (8.406–7K)	Male	Retention of urine after a fall; pain in bladder region	Galen treats patient	First of 4 examples of *ischuria*
137	*Loc. affect.* 6.4 (8.407K)	Male	Incontinence due to spinal damage	Galen treats patient	See comment, no. 136

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
138	*Loc. affect.* 6.4 (8.407–8K)	Male, *anthropos*	Insensitive bladder and retention of urine after a spinal injury	Unclear	See comment, no. 136
139	*Loc. affect.* 6.4 (8.408K)	Male	Blood in urine after a fall; retention of urine	Galen treats patient	See comment, no. 136
140	*Loc. affect.* 6.4 (8.408–9K)	Male, probably a child	Blood clot in bladder	Galen treats patient	Galen writes that most patients with this condition die; he has only saved one
141	*Loc. affect.* 6.4 (8.410K)	Male	Pain in kidney region; fevers; chills; rigors; pus in urine	Galen diagnoses patient	First of 2 examples of pus in urine with other symptoms
142	*Loc. affect.* 6.4 (8.410K)	Male	Pain in bladder region, chills, fevers; pus in urine	Galen diagnoses patient	See comment, no. 141
143	*Loc. affect.* 6.5 (8.414–15K)	Female, *anthropos*	Hysterical condition; no respiration or pulse	Not involved	Heraclides Ponticus' "Apnous." For another reference to this work see *Diff. resp.* 1.8 (7.773K)
144	*Loc. affect.* 6.5 (8.418K)	Male, widower	Lack of appetite, nausea, indigestion, vomiting; "dispirited"	"I know someone"	
145	*Loc. affect.* 6.5 (8.419K)	Diogenes the Cynic philosopher		Not involved	Folk tale about Diogenes and a prostitute
146	*Loc. affect.* 6.5 (8.420K)	Widow, *gune*	Tense and contracted tendons or nerves	Unclear; midwife treats patient	Patient is cured after releasing semen in orgasm. See no. 16
147	*Loc. affect.* 6.5 (8.449K)	Male, *anthropos*	Priapism; pain in penis	Galen treats patient	The first of 4 brief stories about priapism
148	*Loc. affect.* 6.5 (8.449K)	Male	Same as no. 147	Galen diagnoses patient	See comment, no. 147
149	*Loc. affect.* 6.5 (8.449K)	Male	Same as no. 147	Galen diagnoses patient	See comment, no. 147
150	*Loc. affect.* 6.5 (8.449K)	Male	Same as no. 147	Galen diagnoses patient	See comment, no. 147

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
151	*Loc. affect.* 6.5 (8.451K)	Friend (*philos*)	Swollen penis	Galen treats patient	
152	*Diff. puls.* 3.3 (8.656K)	Male	Hemorrhage from belly	Galen predicts hemorrhage	
153	*Praes. puls.* 1.1 (9.218–20K)	Rich man; *aner*	Pounding pulse	Galen treats patient	Galen detects lie through pulse. See nos. 264 and 265 for more about this patient
154	*Syn. puls.* (9.495–96K)	Male, *anthropos*	Fever; sprained finger from hitting slave	Galen treats patient	
155	*Cris.* 2.9 (9.675–77K)	Female, *gunaion*	Combined semitertian and tertian fever; rigors, sweats	Galen treats patient	Cp. no. 67
156	*Cris.* 2.9 (9.680–83K)	Youth (*neaniskos*); *anthropos*	Combination of 3 tertian fevers; rigors; sweats	Galen treats patient	
157	*Meth. med.* 5.7 (10.334–35K)	Peasant; youth (*neaniskos*); *anthropos;* "at home" (in Asia)	Doctor cut artery instead of vein	Galen observes, then treats patient	
158	*Meth. med.* 5.10 (10.352–55K)	Male, *anthropos*	Putrefaction of the ear, generating worms	Galen treats patient after incompetent therapy by Methodist	
159	*Meth. med.* 5.12 (10.360–63, 366K)	Youth (*neaniskos*); *anthropos,* at Rome	"The plague" (*loimos*); ulcers on body; coughing up clot	Galen treats patient	
160	*Meth. med.* 5.12 (10.366–68K)	Adolescent (*meirakion*); age about 18; *anthropos*	Coughing up blood and tissue	Galen has seen patient	
161	*Meth. med.* 5.13 (10.368–71K)	Female; *gune;* aristocratic, at Rome	Coughing up blood	Galen treats patient	
162	*Meth. med.* 5.13 (10.371–73K)	Youth (*neaniskos*); *anthropos*	Coughing up blood	Galen treats patient	

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
163	*Meth. med.* 5.15 (10.381–82K)	Male, *anthropos*	Ulceration of the glans of the penis	Galen advises patient's doctor	
164	*Meth. med.* 6.2 (10.390K)	Male, *anthropos*	Hand punctured with stylus, injured nerve or tendon	Unclear	Patient dies after incompetent treatment by Methodist
165	*Meth. med.* 6.2 (10.398–401K)	Youth (*neaniskos*); *anthropos*	Injured nerve or tendon "choked with phlegm"	Galen treats patient, interrogates other doctor	
166	*Meth. med.* 6.3 (10.402–4K)	Youth (*neaniskos*), practices philosophy	Injured wrist	Galen treats patient	
167	*Meth. med.* 6.6 (10.452–53K)	Male, *anthropos*	Crushed or shattered forehead	Galen treats patient	Galen excises the bone; first of 2 examples of injuries to skull
168	*Meth. med.* 6.6 (10.453–54K)	Patient could be male or female	Similar to no. 167	Galen treats patient	Galen excises bone on the side of the head; see comment, no. 167
169	*Meth. med.* 7.6 (10.468–69, 472–73, 474, 479K)	Male, *anthropos*	Excessive dryness; wasting	Galen treats patient	Galen arranges for patient to suckle donkey
170	*Meth. med.* 7.8 (10.504–6K)	Male, *anthropos, aner,* "of mature age," age 40	Thirst, vomiting, too thin, shaking	Galen (as a young man) and his teachers treat patient	Patient dies. Galen contrasts outcome with that of patient no. 171
171	*Meth. med.* 7.8 (10.506–7K)	Male, *anthropos*	Abdominal problems	Galen treats patient over a long time	See comment, no. 170
172	*Meth. med.* 8.2 (10.535–42K)	Youth (*neaniskos*), about 35, *anthropos;* at Rome	Fever and insomnia after visiting mineral baths; thickened skin	Galen treats patient	No. 180 refers back to this story.
173	*Meth. med.* 8.2 (10.550K)	Male	"Anomaly" due to use of dropwort in bath	Galen treats patient	First in a series of 7 brief references to therapies witnessed by the addressee
174	*Meth. med.* 8.2 (10.550K)	Male	Similar to no. 173, from use of wine and oil in bath	Galen treats patient	See comment, no. 173
175	*Meth. med.* 8.2 (10.550K)	Male	Sense of thickening, from use of mastic in bath	Galen treats patient	See comment, no. 173

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
176	*Meth. med.* 8.2 (10.550K)	Male	Unclear, perhaps similar to no. 173; basks in sun	Galen treats patient	See comment, no. 173
177	*Meth. med.* 8.2 (10.550K)	Male	Unclear, perhaps similar to no. 173; uses dust, perhaps in massage	Galen treats patient	See comment, no. 173
178	*Meth. med.* 8.2 (10.550K)	Male	"Feverish anomaly"; massage is too vigorous	Galen treats patient	See comment, no. 173
179	*Meth. med.* 8.2 (10.550–51K)	Male	"Shaking anomaly," due to use of drying oil in massage	Galen treats patient	See comment, no. 173
180	*Meth. med.* 8.3 (10.558–59, 562–63K)	Male	Thickened skin after visiting mineral baths	Galen treats patient	Refers back to no. 172
181	*Meth. med.* 8.6 (10.581–83K)	Layman (*idiotes*); *anthropos*	Hangover; vomiting; fever	Unclear	
182	*Meth. med.* 9.4 (10.608–13K)	Youth (*neaniskos*), free, *anthropos*	Continuous fever; burning heat; tension; pulsation in head; insomnia	Galen treats patient	Introduced together with no. 183
183	*Meth. med.* 9.4 (10.608, 613–15K)	Slave, *anthropos*	Continuous fever with putridity; similar to no. 182	Galen treats patient	See comment, no. 183
184	*Meth. med.* 10.3 (10.671–78K)	Youth (*neaniskos*); age 25; *anthropos*	Fever; "anomaly," vomiting, insomnia, chilling of extremities, small pulse, dry skin, coma	Galen treats patient	No. 193 refers back to this patient
185	*Meth. med.* 10.4 (10.682K)	Male	Shaking and fever	Galen treats patient	Reference to *ergasterion,* "clinic"
186	*Meth. med.* 10.5 (10.687K)	Female, *anthropos*	Anxiety (*lupe*); insomnia; hectic fever	Galen treats patient	First of 2 examples of hectic fever

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
187	*Meth. med.* 10.5 (10.687–88, 691–92K)	Youth (*neaniskos*)	Hectic and wasting fever, caused by anger	Galen treats patient	See comment, no. 186
188	*Meth. med.* 10.9 (10.705K)	Male, *anthropos*	Difficulty breathing after application of cooling medicine to hypochondria	"I know someone"	First of 2 examples
189	*Meth. med.* 10.9 (10.705K)	Male	Coughing; similar to no. 188	"I know . . . another"	See comment, no. 188
190	*Meth. med.* 10.10 (10.721K)	Youth (*neaniskos*)	Wasting (*marasmos*); "old age from disease"	Galen treats patient	Galen prolongs the life of a patient considered incurable
191	*Meth. med.* 11.16 (10.792–93K)	Doctor	Phlegmatic liver, fever	Galen treats patient	
192	*Meth. med.* 12.1 (10.814K)	Doctor, age 50	Unspecified illness, headache	Unclear	Patient cuts his own vein
193	*Meth. med.* 12.6 (10.849K)	Youth (*neaniskos*)		Galen treats patient	Refers back to no. 184
194	*Meth. med.* 12.7 (10.856–58K)	Male, age 40, *anthropos*	Colon problems	Galen treats patient	First of 3 examples of colon problems
195	*Meth. med.* 12.7 (10.858–60K)	Youth (*neaniskos*); same age as no. 194	Colon pains	Galen treats patient	See comment, no. 194
196	*Meth. med.* 12.7 (10.860K)	Male	Similar to no. 195	Galen treats patient	See comment, no. 194
197	*Meth. med.* 12.8 (10.865K)	Male; "one of those who works in the field"	Colon pain	Galen has seen patient, but patient treats self	
198	*Meth. med.* 12.8 (10.871K)	Youth (*neaniskos*)	Stomach problems causing convulsions	Galen treats patient	
199	*Meth. med.* 13.15 (10.909–16K)	Theagenes the Cynic philosopher; *aner; anthropos*	Liver problem	Attalus the Methodist treats patient; Galen consults	Patient dies after incompetent treatment by Attalus
200	*Meth. med.* 13.21 (10.929K)	Male	Delirium (*paraphrosune*)	Galen intervenes in treatment by other doctor	

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
201	*Meth. med.* 14.7 (10.970K)	Male	Priapism	Galen treats patient	First of 2 examples of priapism
202	*Meth. med.* 14.7 (10.970K)	Male	Priapism	Galen treats patient	See comment, no. 201
203	*Meth. med.* 14.8 (10.971–72K)	Male, age 60, *anthropos*	Swollen tongue	Galen treats patient	Cp. no. 63
204	*Meth. med.* 14.15 (10.995–96K)	Youth (*neanis-kos*), age about 40	Too fat	Galen treats patient	
205	*Meth. med.* 14.16 (10.1007–8K)	Female, *gune,* "not obscure," in Rome	Rash or shingles (*herpes*) on the ankle progressing to the groin	Galen treats patient	
206	*Meth. med. Glauc.* 1.9 (11.26–29K)	Adolescent (*meirakion*), age about 18	"Inexact" tertian fever; recurrent fever, shaking, sweating, "uncooked" urine, swollen organs, discolored swelling of face and legs	Galen has seen and probably treated patient	
207	*Meth. med. Glauc.* 1.10 (11.33K)	Male	Unclear	"I know someone" (meaning the patient's doctor)	Patient wastes away and dies due to use of mineral baths
208	*Meth. med. Glauc.* 1.13 (11.40K)	Male, *anthropos*	Combination of three quartan fevers	"I know a certain doctor"	Patient dies after incompetent treatment by another doctor
209	*Meth. med. Glauc.* 2.6 (11.105–7K)	Child or slave (*paidarion*) of Cercyllius	Erysipelas; hard swelling of thigh	Galen treat patient	
210	*Meth. med. Glauc.* 2.10 (11.132K)	Unclear	Abscess	Galen treats patient	Brief reference to a cure witnessed by addressee
211	*Ven. sect. Eras. Rom.* 1 (11.187–90K)	Female, *gune,* age almost 21, *anthropos*	Suppressed menstruation; coughing blood; red face; difficulty breathing	Galen offers opinion to her doctors, is ignored	Patient dies after incompetent treatment by other doctors. First in a series of stories about Galen's conflict with Erasistratean doctors
212	*Ven. sect. Eras. Rom.* 1 (11.190K)	Male	Red face from lack of exercise; difficulty breathing	Unclear	Patient dies of dyspnea. See comment, no. 211

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
213	*Ven. sect. Eras. Rom.* 1 (11.190–91K)	Female, *gune*	Suppressed menstruation; fever; delirium	Galen offers opinion to her doctors	Patient survives. See comment, no. 211
214	*Ven. sect. Eras. Rom.* 3 (11.199–201K)	Girl (*paidiske*), from Chios	Suppressed menstruation; coughing blood; fever; death from dyspnea	Galen quotes story from Erasistratus; story is used by both sides in his conflict with Erasistrateans	Cf. *Ven. sect. Eras. Rom.* 1 (11.192–93K) for a reference to this story. Author is Erasistratus; the passage is fr. 285 in Garofalo (1988).
215	*Ven. sect. Eras. Rom.* 3 (11.206–9K)	Criton; *aner*	Plethora; inflamed fauces and epiglottis; fever; death	Galen quotes story from Erasistratus; story is used by both sides in his conflict with Erasistrateans	Cf. *Ven. sect. Eras. Rom.* 1 (11.192–93K) for a reference to this story. Author is Erasistratus; the passage is fr. 286 in Garofalo (1988)
216	*Ven. sect. Eras. Rom.* 9 (11.241–42K)	Diodorus; grammarian	Epileptic seizures	Galen treats patient	See nos. 49 and 130 for the same case
217	*Cur. ven. sect.* 17 (11.299–302K)	Youth (*neaniskos*); *anthropos;* "manages affairs" of rich man; in suburbs of Rome	Inflammation of eyes	Galen treats patient	Galen brings patient to his house
218	*Cur. ven. sect.* 23 (11.314–15K)	Galen	Pain "where the liver meets the diaphragm"	Galen cuts his own artery	Galen is inspired by dreams. First in a series of 3 examples of arteriotomy
219	*Cur. ven. sect.* 23 (11.315K)	Male; in Pergamon	Pain in the side	Unclear	Asclepius treats patient through dream. See comment, no. 218
220	*Cur. ven. sect.* 23 (11.315–16K)	Male, *anthropos*	Damaged artery in ankle with continual bleeding; chronic pain in hip	Galen treats patient	See comment, no. 218
221	*Purg. med. fac.* 5 (11.340K)	Layman (*idiotes*)	Ulcerated, discolored pustules break out suddenly all over body	Unclear	Patient criticizes doctor's advice based on his superior knowledge of Hippocratic medicine
222	*Purg. med. fac.* 5 (11.341K)	Male	Colic	Galen treats patient	Part of diatribe about how other doctors are jealous of Galen's clinical success with purgations

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
223	*Purg. med. fac.* 5 (11.341K)	Female, "not obscure," in Rome, *gune*	Female flux	Galen treats patient	Cp. no. 280
224	*Simp. med.* 1.29 (11.432–33K)	Male; *anthropos*	Gout (*podagra*)	Galen observes treatment	Galen challenges doctor or drug-seller speaking in public to treat patient in audience
225	*Simp. med.* 6.3.10 (11.859–60K)	Child (*pais, paidion*)	Epilepsy	Galen treats patient	The boy's peony-root amulet proves effective despites Galen's skepticism
226	*Simp. med.* 6.4 (11.866K)	Unclear; probably a peasant	Sickle-wound	Galen treats patient	
227	*Simp. med.* 10.2.9 (12.270–71K)	Male	Arthritic; chalkstones in joints	Galen treats patient	Patient is brought to Galen in a litter. First in a series of 3 examples of the therapeutic uses of cheese
228	*Simp. med.* 10.2.9 (12.271–72K)	Male, "a man of the field," *anthropos*	Wound	Galen treats patient	See comment, no. 227
229	*Simp. med.* 10.2.9 (12.272K)	Peasant (*agroikos*)	Large wound	Unclear	See comment, no. 227
230	*Simp. med.* 10.2.20 (12.293–94)	Male	Swelling of the throat, difficulty breathing	See comment	A legendary story about human excrement in therapy; Galen says he's talked to someone taught by the original practitioner
231	*Simp. med.* 10.2.22 (12.298K)	Peasant (*agroikos*)	Swelling on the knee	Galen treats patient	First of 2 brief examples of use of barley flour and sour wine on tumors of knee
232	*Simp. med.* 10.2.22 (12.298K)	Peasant (*agroikos*)	Similar to no. 231	Galen treats patient	See comment, no. 231
233	*Simp. med.* 10.2.28 (12.307K)	Child or slave (*paidion*)	Constipation	Unclear	
234	*Simp. med.* 11.1.1 (12.312–13K)	Male; *anthropos,* in Asia	Elephantiasis	Unclear, probably a folktale	First in a series of 5 examples of elephantiasis treated with snake venom. Duplicated as no. 351.
235	*Simp. med.* 11.1.1 (12.314K)	Male, with slave concubine, near Pergamum	Elephantiasis	Unclear, probably a folktale	See comment, no. 234. Duplicated as no. 352

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
236	*Simp. med.* 11.1.1 (12.314–15K)	Male; philosophical; augur	Elephantiasis, then leprosy	Galen treats patient	See comment, no. 234. Galen changes elephantiasis into leprosy, which he cures. Duplicated as no. 353
237	*Simp. med.* 11.1.1 (12.315K)	Snake-catcher	Elephantiasis	Galen treats patient	See comment, no. 234. Duplicated as no. 354.
238	*Simp. med.* 11.1.1 (12.315K)	Rich, *aner;* came to Pergamum from Thrace	Elephantiasis, then leprosy (as in no. 236)	Unclear	See comment, no. 234 Asclepius cures patient through dreams. Duplicated as no. 355
239	*Simp. med.* 11.1.1 (12.322–23K)	Peasant (*agroikos*); *anthropos*	Wound with nerve or tendon damage	Galen treats patient	
240	*Comp. med. loc.* 1.2 (12.384–85K)	Youth (*neaniskos*), "acquainted with us," *anthropos*	Hair loss	Galen treats patient	
241	*Comp. med. loc.* 1.8 (12.466K)	Male, *anthropos,* "in the field"	Dandruff	Galen treats patient	
242	*Comp. med. loc.* 6.2 (12.905–6K)	Male, gardener, "in the field"; between Alexandria and Pergamum	Choking from swollen tonsils and glands	Galen treats patient	
243	*Comp. med. gen.* 1.4 (13.390K)	Adolescent (*meirakion*)	Suppuration of the thigh, oozing fluid; ulceration and "fistulous condition" of the thigh as result of treatment	Galen treats patient	
244	*Comp. med. gen.* 1.7 (13.402–3K)	Child (*pais*); son of a farmer; age about 15	Fistula left by a suppurating tumor of the parotid gland	Galen treats patient	First of 2 examples
245	*Comp. med. gen.* 1.7 (13.403K)	Child (*paidarion*); about same age as no. 244	Same as no. 244	Galen treats patient	See comment, no. 244

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
246	*Comp. med. gen.* 1.13 (13.418–19K)	Youth (*neaniskos*); pancratist	Bite on index finger that is putrefying	Unclear	
247	*Comp. med. gen.* 3.2 (13.574, 576–78K)	Youth (*neaniskos*), *anthropos*	Wounded finger that is putrefying; putrefied tissue falls out of wound	Galen treats patient	Story is interrupted by no. 248
248	*Comp. med. gen.* 3.2 (13.574–75K)	Male	Knee stiff and painful in cold weather	Galen treats patient	
249	*Comp. med. gen.* 3.2 (13.578–79K)	Male	Wound	Galen treats patient	
250	*Comp. med. gen.* 3.2 (13.581–82K)	Male	Wounded hand, inflammation spreading to the whole arm	Galen treats patient	
251	*Comp. med. gen.* 3.2 (13.582–83K)	Farmer; rural setting ("in the field")	Wound	Galen treats patient	No. 258 refers back to this story. First in a series of examples of the use of improvised medicines to treat wounds.
252	*Comp. med. gen.* 3.2 (13.583K)	Peasant (*agroikos*)	Wound	Galen treats patient	See comment, no. 251
253	*Comp. med. gen.* 3.2 (13.583–84K)	Apparently a carpenter; rural setting ("in the field")	Wound	Galen treats patient	See comment, no. 251
254	*Comp. med. gen.* 3.2 (13.584K)	Male	Wound	Galen treats patient	See comment, no. 251
255	*Comp. med. gen.* 3.2 (13.584K)	Male, *anthropos*	Crushed nerve or tendon	Galen treats patient	See comment, no. 251
256	*Comp. med. gen.* 3.2 (13.584–85K)	Male	Lesion of nerve or tendon on hand	Galen treats patient	First of 2 examples of therapeutic use of euphorbium
257	*Comp. med. gen.* 3.2 (13.585–86K)	Male; *anthropos*	Injury similar to no. 256	Galen treats patient	See comment, no. 256
258	*Comp. med. gen.* 3.2 (13.592K)	Farmer (*georgos*)	Unspecified here	Galen treats patient	Refers back to no. 251. First of 2 brief examples of improvised medicines to treat wounds

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
259	*Comp. med. gen.* 3.2 (13.592K)	Male	Lesion	Galen treats patient	See comment, no. 258
260	*Comp. med. gen.* 3.2 (13.600–601K)	"A gladiator, one of those called knights"	Transverse wound of thigh	Galen treats patient	
261	*Comp. med. gen.* 3.2 (13.605–7K)	Child or slave (*paidion, pais*)	Arm pierced with stylus at school, wounded nerve or tendon	Patient's doctor tells story to Galen; Galen lectures doctor	Patient dies
262	*Comp. med. gen.* 3.5 (13.632–33K)	Male	Injured nerve or tendon	Galen treats patient	
263	*Comp. med. gen.* 3.6 (13.633K)	Youth (*neaniskos*); rural setting ("in the field")	Injured nerve or tendon	Galen treats patient	Farmer observes and uses Galen's pigeon-dung remedy on other patients
264	*Comp. med. gen.* 3.8 (13.636–38K)	Servant (*oiketes*) of rich man; *anthropos*	Malignant ulcer	Galen treats patient when master's efforts fail	With no. 265, part of a longer story about Galen's interaction with the patient's master. See no. 153, where the master is the patient.
265	*Comp. med. gen.* 3.8 (13.636–37K)	Child (*paidarion*), apparently slave of rich man	Chronic ear problem	Galen treats patient when master fails	See comment, no. 264
266	*Ther. Pis.* 1 (14.212–14K)	Son of a Roman aristocrat; *pais*	Wounded peritoneum; inflammation	Galen supervises treatment	Story is part of encomium to father, who participates in son's therapy
267	*Ther. Pis.* 2 (14.218K)	Antipater; secretary of Greek letters for emperors	Kidney condition	Unclear	Emperors treat patient
268	*Ther. Pis.* 2 (14.218–19K)	Arria; female; dear to Galen; *gune*	Weak stomach	Galen supervises treatment	Emperors treat patient
269	*Ther. Pis.* 2 (14.251–52K)	"One of my companions" (*hetairos*)	Feels heavy-headed when the south wind blows	Galen knows patient	Patient still has the condition
270	*Ther. Pis.* 11 (14.252K)	Female, *gune*	Miscarriage	Unclear	Woman miscarries child after thunder and frightening spectacle

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
271	*Ther. Pis.* 16 (14.280K)	Unclear	Bite from rabid animal	Galen treats patient	
272	*Praecog.* 2–4 (14.605–24K)	Eudemus the Peripatetic philosopher; age 62; Galen's teacher; Galen's neighbor; old man (*geron*); from Pergamum; at Rome	Quartan fever	Galen treats patient	See no. 298 for another reference to this case and nos. 1 and 287 for other references to Eudemus. This is Galen's longest story.
273	*Praecog.* 2, 5 (14.609, 624K)	Youth (*neaniskos*), *anthropos*	Acute illness in early autumn followed by quartan fever	Galen treats patient	First part of story is told within no. 272
274	*Praecog.* 5 (14.624K)	"Man" (*anthropos*) of the chamberlain Charilampes	Injured nerve or tendon		
275	*Praecog.* 5 (14.625K)	Diomedes, rhetor, in the *Sandalarion*	Unspecified chronic illness	Galen treats patient	
276	*Praecog.* 5, 6 (14.625–26, 630–33K)	Wife of Justus; *gune*	Insomnia; in love with dancer	Galen treats patient	See references to this story at *Praecog.* 6 (14.634K), 7 (14.640K), 13 (14.669K) and nos. 302 and 336
277	*Praecog.* 6 (14.630–31K)	Youth (*neaniskos*)	In love with father's concubine	Galen tells story about Erasistratus	Part of story no. 276; Galen compares self to Erasistratus. See additional references at *Praecog.* 6 (14.634–35K) and nos. 303 and 336
278	*Praecog.* 6 (14.633–35K)	Old man (*presbutes*); slave, steward (*oikonomos*)	Insomnia, *lupe*	Galen diagnoses patient, consults with master	See reference to this case at *Praecog.* 7 (14.640K) and 13 (14.669K)
279	*Praecog.* 7 (14.635–41K)	Boethus' son Cyrillus; *pais; paidion*	Recurrent fever; but Galen diagnoses secret gluttony	Galen treats patient	Patient's mother plays important role in the story. See reference to this case at *Praecog.* 13 (14.669K)
280	*Praecog.* 8 (14.641–47K)	Boethus' wife (*gune*)	Female flux; swelling of abdomen and evacuation of fluid	Galen treats patient	Cp. no. 233

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
281	*Praecog.* 9–10 (14.651–57K)	Sextus; "one of the Quintilian sons"	Fever	Galen sees patient, prognosticates dramatically	
282	*Praecog.* 11 (14.657–61K)	Emperor [Marcus Aurelius]; *basileus, autokrator*	Colicky pains; diarrhea	Galen treats patient	
283	*Praecog.* 12 (14.661–65K)	Commodus; *pais, basilikos pais*	Fever, inflammation of tonsils	Galen treats patient	
284	*Praecog.* 13 (14.665–69K)	Youth (*neaniskos*); *anthropos*	Unspecified illness	Galen predicts nosebleed, treats patient	Cp. no. 342
285	*Praecog.* 14 (14.670–73K)	Steward (*oikonomos*); slave (Galen mentions master, *despotes*); youth (*neaniskos*); *anthropos*	"Intermittent" pulse; illness with sweating crisis	Galen examines, diagnoses patient	
286	*Hipp. vict. acut.* 2.29 (15.565, 567K)	Paulus; rhetor	Phlegmatic constitution; vomiting yellow bile after the bath	Unclear	Story is intertwined with no. 287
287	*Hipp. vict. acut.* 2.29 (15.565, 567K)	Eudemus, philosopher	Bilious temperament	Unclear	See comment, no. 286. This is a general discussion of Eudemus' constitution; cp. no. 1. Also see no. 272 for a long story about Eudemus and cp. no. 298
288	*Hipp. vict. acut.* 3.36 (15.698–99K)	Old man (*presbutes*)	Unspecified illness	Galen treats patient	
289	*Hipp. vict. acut.* 4.104 (15.913K)	Male, *anthropos*	Dropsy (*hydrops*)	Unclear how Galen knows story	Patient dies after incompetent treatment by another physician; first of 2 examples
290	*Hipp. vict. acut.* 4.104 (15.913K)	Male	Dropsy, similar to no. 289	Unclear	Patient dies after incompetent treatment by another physician; see comment, no. 289

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
291	*Hipp. prorrhet.* 1.27 (16.566K)	Male, rhetor	*Phrenitis*	Galen has heard patient	First of 2 brief examples of phrenitis
292	*Hipp. prorrhet.* 1.27 (16.566–67K)	Male, mathematician, geometer	*Phrenitis*	Galen has heard patient	See comment, no. 291
293	*Hipp. prorrhet.* 2.51 (16.621K)	Male	Hydrophobia after bite by mad dog	"I know someone"	
294	*Hipp. prorrhet.* 2.51 (16.623K)	Male, *anthropos*	Fever; thin, black urine; death	Unclear	
295	*Hipp. prorrhet.* 2.51 (16.623–24K)	Youth (*neaniskos*), *anthropos*	Bloody discharge from bowels; fever; thin and white urine; liver disease	Galen treats patient	
296	*Hipp. prorrhet.* 3.120 (16.772K)	Male	Pain in hip, neck and head; loss of motion and sensation in hand; convulsions	Galen has seen patient	
297	*Hipp. 1 epid.* 3.1 (17A.213–14K)	Male	Melancholia; insomnia, worrying about Atlas	Galen treats patient	See no. 318 for the same story
298	*Hipp. 1 epid.* 3.7 (17A.250K)	Eudemus, at Rome	Three quartan fevers	Galen prognosticates	See no. 272 for a longer version of the story; also nos. 1 and 287 for references to the same patient
299	*Hipp. 2 epid.* 206–7 Wenkebach and Pfaff	Male	Fakes colic pain to escape civic duty	Galen treats patient	No. 338 is an extract from this story; Galen refers back to this story, pp. 208–9 Wenkebach and Pfaff
300	*Hipp. 2 epid.* 207–8 Wenkebach and Pfaff	Female	Believes she has swallowed a snake	Unclear	Doctor tricks patient by putting snake in pan of vomit. No. 319 refers back to this story
301	*Hipp. 2 epid.* 207–8 Wenkebach and Pfaff	Male	Believes a dead man called him from cemetery; anxiety, fever, and insomnia	Unclear	Doctor tricks patient by pretending to be the one who called him. No. 320 refers back to this story

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
302	*Hipp. 2 epid.* 207–8 Wenkebach and Pfaff	Female	In love	Galen diagnoses patient	See nos. 276 and 336 for additional references to this story
303	*Hipp. 2 epid.* 207–8 Wenkebach and Pfaff	King's son	In love	Erasistratus diagnoses patient	See comment, no. 302; and nos. 277 and 336. Galen compares self to Erasistratus
304	*Hipp. 2 epid.* 208–9 Wenkebach and Pfaff	Slave	Pain in knee	Galen diagnoses and treats patient	No. 339 is an extract from this story
305	*Hipp. 2 epid.* 401–2 Wenkebach and Pfaff	Female, aristocratic, from Pergamum	Sterility	Galen knows doctor, at Alexandria	Doctor demands large fee, sickens patient
306	*Hipp. 3 epid.* 1.4 (17A.488K)	Male	Coughing up yellow matter; chronic fevers; consumption (*phthisis*)	Galen has seen patient	Story intertwined with no. 307
307	*Hipp. 3 epid.* 1.4 (17A.488K)	Male	Coughing up yellow matter without fever	Galen has seen patient	See comment, no. 306
308	*Hipp. 3 epid.* 3.73 (17A.749K)	Female	Thin, black, copious urine	"I know someone"	
309	*Hipp. 6 epid.* 3.29 (17B.81–82K)	Female, *gune,* "not obscure"	No menstruation for 8 months, thin and weak, anorexia	Galen treats patient	Galen refers back to this story in the next chapter (17B.97K).
310	*Hipp. 6 epid.* 3.44 (17B.117–18K)	Male, *anthropos*	Coughing up blood; pain in rib; pleurisy	Galen treats patient	
311	*Hipp. 6 epid.* 4.9 (17B.151–52K)	"One of the best of the wealthy and powerful men in Rome"	Fever, headache; can't bear smell of wine on doctor's breath	Unclear	Legend about Quintus, a famous Pergamene doctor admired by Galen
312	*Hipp. 6 epid.* 6.5 (17B.333K)	Male	Unspecified pain; paroxysm after drinking wine without food	Galen treats patient	
313	*Hipp. 6 epid.* (485–86 Wenkebach and Pfaff)	Maeander; professional augur; from Mysia; resident of Pergamum	Fear of death, insomnia, fever	Unclear, possibly a folktale	First in a series of examples of insomnia, fever and death from anxiety.

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
314	*Hipp. 6 epid.* (486 Wenkebach and Pfaff)	Callistus, grammarian, at Rome	Grief over loss of books in fire, insomnia, fever	Galen has seen patient	See comment, no. 313
315	*Hipp. 6 epid.* (486 Wenkebach and Pfaff)	Male	Grief over loss of money; fever; sleep disturbance	"I know another man"	See comment, no. 313
316	*Hipp. 6 epid.* (486–87 Wenkebach and Pfaff)	"Mother of the jurist Nasutus"	Grief over death of friend	Galen implies that he has seen patient	See comment, no. 313. Story is intertwined with no. 317
317	*Hipp. 6 epid.* (486 Wenkebach and Pfaff)	Female, age 70	Dehydration and death after a long journey	Unclear	See comment, no. 316
318	*Hipp. 6 epid.* (486–87 Wenkebach and Pfaff)	Male, from Cappadocia	Anxiety that Atlas will become tired, leading to melancholy	"I know someone"	See no. 297 for the same story
319	*Hipp. 6 epid.* (487 Wenkebach and Pfaff)	Female	Believes she has swallowed a snake	Unclear	Brief reference to no. 300. First in a series of brief references to stories told elsewhere.
320	*Hipp. 6 epid.* (487 Wenkebach and Pfaff)	Male	Believes a dead man is calling to him	Unclear	Brief reference to no. 301. See comment, no. 319
321	*Hipp. 6 epid.* (487 Wenkebach and Pfaff)	Male	Dies of shame after passing gas in public	Unclear	Brief reference to a story not attested elsewhere. See comment, no. 319
322	*Hipp. aph.* 2.41 (17B.540K)	Female; *gune*	Fainting after a long time in the bath	Unclear	First of four examples of benign fainting spells
323	*Hipp. aph.* 2.41 (17B.540K)	Female	Fainting due to "disorders of the uterus"	Unclear	See comment, no. 322
324	*Hipp. aph.* 2.41 (17B.540K)	Male or female (grammar is inconsistent)	Fainting after long fasts	Unclear	See comment, no. 322
325	*Hipp. aph.* 2.41 (17B.540K)	Male	Fainting if he did not eat bread before bathing	Unclear	See comment, no. 322

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
326	*Hipp. aph.* 6.18 (18A.29K)	Unclear; at Smyrna	Serious trauma to brain	Galen saw the wound with his teacher Pelops	Galen considers the patient's recovery very rare. Cp. no. 10.
327	*Hipp. aph.* 6.31 (18A.45–49K)	Youth (*neaniskos*)	Inflammation of eyes, severe pain in eyes	Galen treats patient	
328	*Hipp. aph.* 6.31 (18A.49K)	Youth (*neaniskos*); comes from country (*to agron*) to city	Ophthalmia	Galen treats patient	
329	*Hipp. aph.* 6.47 (18A.79–80K)	Male	"seized by melancholy each year if he is not purged"	Galen treats patient over years	First in a series of 4 examples of patients purged regularly every year
330	*Hipp. aph.* 6.47 (18A.80K)	Female, *gune*	Breast cancer	Galen treats patient over years	See comment, no. 329
331	*Hipp. aph.* 6.47 (18A.80K)	Male	Incipient elephantiasis	Galen treats patient over years	See comment, no. 329
332	*Hipp. aph.* 6.47 (18A.81K)	Male	Tertian fever every summer unless purged	Galen treats patient over years	See comment, no. 329
333	*Hipp. artic.* 1.22 (18A.347, 350–51K)	Male, at Smyrna	Unusual dislocation of the arm (not described by Hippocrates), while wrestling	Galen treats patient "on the spot in the *palaistra*"	Galen says he has seen four similarly unusual dislocations in Rome
334	*Hipp. artic.* 1.61 (18A.401–4K)	Galen, age 34	Dislocated collarbone, wrestling injury	Galen treats self after trainer and crowd fail to pull arm back into place	
335	*Hipp. prog.* 1.4 (18B.6–7K)	Youth (*neaniskos*)	Sweating as though suffering from syncope	Unclear	Patient dies from incompetent treatment by another doctor
336	*Hipp. prog.* 1.8 (18B.40K)	Youth (*neaniskos*)	In love	Galen tells story about Erasistratus	See nos. 277, 303; Galen compares self to Erasistratus
337	*Hipp. off.* 2.18 (18B.769–70K)	Male, *anthropos*	Spinal injury and pain after fall	Galen treats patient	

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
338	*Sim. morb.* (19.2–3K)	Male, *anthropos*	Fake colic pain	Galen treats patient	Story is excerpted from no. 299
339	*Sim. morb.* (19.4K)	Slave (*doulos*), youth	Swollen knee	Galen treats patient	Excerpted from no. 304
340	*Opt. med. cogn.* 3.12 (58–60 Iskandar)	Male	Ulcer in the eye and prolapse of uvea	Galen treats patient	
341	*Opt. med. cogn.* 4.1 (60–62 Iskandar)	Male, at Rome during Galen's first visit	Unspecified problem relieved by nosebleed	Galen predicts nosebleed	
342	*Opt. med. cogn.* 4.2 (62 Iskandar)	Male	Unspecified problem causing nosebleed	Galen predicts hemorrhage from the right nostril	Cp. no. 284
343	*Opt. med. cogn.* 5.19–6.7 (78–80 Iskandar)	Male	Weakness, fever, delirium, visible internal mass	Galen treats patient	Patient's relative challenges Galen's treatment
344	*Opt. med. cogn.* 7.2 (86 Iskandar)	Male	Swelling in abdomen; abdominal abscess	Galen treats patient	
345	*Opt. med. cogn.* 8.5–8 (94–98 Iskandar)	Male	Recurrent fever; combination of 2 tertian fevers	Galen treats patient	Obnoxious youth challenges Galen's diagnosis
346	*Opt. med. cogn.* 9.9 (106 Iskandar)	Male	Lost voice after a fall	Galen treats patient	
347	*Opt. med. cogn.* 9.10–11 (106–8 Iskandar)	Male	Loss of sensation in three fingers	Galen treats patient	See nos. 3, 84, and 110 for the same story
348	*Opt. med. cogn.* 9.12–13 (108 Iskandar)	Male	Loss of voice, loss of appetite after surgery to remove swollen glands on neck	Galen treats patient injured by incompetent doctor	Cp. no. 81
349	*Opt. med. cogn.* 11.3–5 (120 Iskandar)	Male	Catarrh; difficulty breathing; insomnia	Galen treats patient	

(*continued*)

Case no.	Reference	Patient	Problem	Galen's involvement	Comments
350	*Opt. med. cogn.* 13.6–8 (130–32 Iskandar)	Female	Miscarriage with retention of a second dead fetus	Galen diagnoses patient and advises on treatment	"Beastly" husband does not praise Galen
351	*Subfig. emp.* 10 (75–76 Deichgräber)	Male; in Asia	Elephantiasis	Unclear	Duplicated as no. 234. First in a series of 5 examples of treating elephantiasis with snake venom.
352	*Subfig. emp.* 10 (77 Deichgräber)	Male; near Pergamum; with concubine	Elephantiasis	Unclear	See comment, no. 351. Duplicated as no. 235
353	*Subfig. emp.* 10 (77–78 Deichgräber)	Philosopher; augur	Elephantiasis, then leprosy	Galen treats patient	See comment, no. 351. Duplicated as no. 236
354	*Subfig. emp.* 10 (78 Deichgräber)	Snake-catcher	Elephantiasis	Galen treats patient	See comment, no. 351. Duplicated as no. 237
355	*Subfig. emp.* 10 (78–79 Deichgräber)	Rich man, came to Pergamum from Thrace	Elephantiasis, then leprosy	Unclear	Asclepius treats patient. See comment, no. 351. Duplicated as no. 238
356	*Subfig. emp.* 11 (85 Deichgräber)	Male	Serious condition requiring surgery	Unclear	Story illustrates the superiority of Empiric doctor over voluble sophistic doctor
357	*On Diseases that are Difficult to Cure;* Meyerhof (1929), 83	Male, at Rome	Tooth pain	Galen rescues patient from quack pretending to have learned remedy from him	
358	*Nomin. med.* 93v–94v, 97r (20–21, 24 Meyerhof and Schacht)	Male; aristocratic; at Rome	Fever	Galen interrogates doctors, who are debating correct for fever	

One • The Stories in Context

1. For a summary of arguments on the difficult question of the official identity of the *archiereis* who selected Galen, see recently Schlange-Schöningen (2003), 111–16.

2. For a more in-depth discussion of methodological issues, see the sections "Written Tradition and Clinical Experience" and "Memory and Autobiography" in this chapter. Until recently, scholarship on the social aspects of Galen's work was very restricted. Some scholars have translated and commented on selected autobiographical anecdotes. Thus, Meyerhof (1929) culls stories from works surviving only in Arabic and translates them into German; many of these passages are now also available in Iskandar's edition and translation of *De optimo medico cognoscendo* (1988). Moraux (1985) selects passages from throughout Galen's corpus for translation into French, and his introduction provides an excellent survey of Galen's life and times. Nutton's edition and translation, with extensive commentary, of Galen's autobiographical treatise *On prognosis* (1979) turns a bright light on Galen's relationship with the Roman aristocracy and the imperial family. More comprehensive social-historical studies of Galen include Ilberg's long article (1905) and recently, Schlange-Schöningen (2003). The latter offers an exhaustive bibliographical essay on previous social-historical studies of Galen in chapter 2 (17–30). Flemming's study (2000) investigates his views of women.

A few previous studies have focused on Galen's medical practices and stories about patients. Ilberg (1905) takes the case histories as his starting point for the second half of his article. Gourevitch (2001) offers Italian translations, with commentary and interpretation, of selected stories about patients. Other contributions include articles by García Ballester (1970, 1995) and Horstmanshoff (1995).

3. The main study of Galen's biography is now Schlange-Schöningen (2003). Earlier works include Ilberg (1905), Mewaldt (1912), and a series of articles by Walsh (1927, 1928, 1929, 1930, 1932, 1937; these can be very speculative in places). Numerous briefer outlines exist; among the best and most accessible are Bowersock (1969, 59–75); Temkin (1973b, 10–63); Moraux (1985, 9–34); Swain (1996, 357–63, 373–79); and Nutton (2004, chap. 15). The biography of Sarton (1954) is not reliable. On Galen's early career (up to 169) in particular, see Nutton (1973). On his personal medical history, see Grmek and Gourevitch (1986). For a full bibliography, see Schlange-Schöningen (2003, 21–22). A substantial biographical tradition survives in Arabic, summarized by Boudon (1994–95). She argues that while Arab sources are invaluable for Galenic bibliography and preserve the names of several otherwise lost and unknown works they contribute nothing of value to the study of Galen's life, except that their unanimity on his age at death (87) encourages placing this sometime after 210. On the date of Galen's death see also n. 9. On

contemporary references to Galen, see Scarborough (1981) and Nutton (1984). Scarborough argues, based on the scarcity of independent references (not only to Galen himself, but to many of the individuals he names in his works), that Galen was not famous or successful in his own time and that his works cannot be used as reliable historical sources. But the argument from silence, on which Scarborough's thesis rests, is hardly compelling for any era of antiquity. Nutton's thorough and careful discussion of the few, but significant, contemporary references to Galen shows that he was renowned around the eastern part of the empire (including some Christian communities) as an authority on both medicine and philosophy, in his own lifetime and immediately afterward.

4. *Meth. med.* 7 *praef.* (10.456–58K); *Ord. libr. propr.* 1 (19.50–51K).

5. The Suda (an encyclopedia compiled in the tenth century AD) relates that Galen's father's name was Nicon, information probably based on a lost work of Galen's. Nicon was an architect; this is confirmed in the newly discovered treatise *On the absence of grief* (Περὶ ἀλυπίας), where Galen writes that his father and also his grandfather were architects (*On freedom from grief* 58–59, Boudon-Millot 2007. I have not had the opportunity to see this publication and rely on extracts that accompanied a paper read by Professor Boudon at the annual meeting of the Classical Association of South Africa in 2007.) On the question of Galen's legal status, see Schlange-Schöningen (2003, 5, 45–60). The names of two separate individuals possibly identical with Galen's father survive on inscriptions, and both were Roman citizens.

6. For more on Greek culture in the Roman period, see the section on "Galen and Greek Culture."

7. Brief, nontechnical discussions of the Asclepieion are available in Moraux (1985, 12–14) and Jones (1998). The best survey of the cult of Asclepius is still the second volume of Edelstein and Edelstein (1945). On Galen and Asclepius, see Kudlien (1981); Oberhelman (1983; 1993, 139–44); Schlange-Schöningen (2003, 224–35). On the dreams, *Ord. libr. propr.* 4 (19.59K). On the abscess, see **218** (11.314–15K) and **59** (6.756K) with the note of Iskandar (1988, 143); also Grmek and Gourevitch (1986, 53–54, but one of the treatises to which they refer here, *In Hippocratis de humoribus commentarii,* is not genuine).

8. For a recent discussion of Galen's experience as physician to the gladiators see chapter 5 of Schlange-Schöningen (2003). The best social-historical study of gladiatorial combat is still Robert (1940), though he only focuses on the Greek East.

9. For references to the plague in Galen, and medical discussion, see Littman and Littman (1973). On the date of Galen's death, see Nutton (1995b, 1997); Boudon (1994–95, 65, 69–70). The age of eighty-seven is traditional in the Arabic sources. On Galen's flight from Rome: *Praecog.* 9 (14.648–49K), *Libr. propr.* 1 (19.15K). Recall to Aquileia: *Libr. propr.* 2 (19.18–19K). Excuses to Marcus: *Libr. propr.* 2 (19.18–19K), *Antid.* 1.1 (14.4K). Travels through Thrace, Macedonia, and Lemnos: *Aliment. fac.* 1.13 (6.514K); *Simp. med.* 9.1.2 (12.171–75K), 9.3.8 (12.216K); *Antid.* 1.2 (14.8K). Athens: **20**. Cyprus, Lycia, and Palestine: *Simp. med.* 9.2.10 (12.203K), 9.3.8 (12.214, 216K), 9.3.34 (12.239K); *Comp. med. gen.* 4.6 (13.715K).

10. On Galen's property and social position see Schlange-Schöningen (2003, 31–49). Most references come from his treatise *Anim. affect. dign.* The newly discovered treatise *On the absence of grief* confirms that Galen owned a country estate in Campania (22–23; Boudon-Millot 2007). He also mentions visiting Campania on his flight from Rome (*Praecog.* 9, 14.648K), and he describes treating a patient there in **44**. For Galen's claim about fees, Meyerhof (1929, 84).

The only reference Galen makes to payment for services is the four hundred *aurei* (gold coins) he receives from Boethus for treating his wife in **280** (14.647K). The size of the sum and the material (gold) suggest a gift, prize, or reward rather than a fee (see chapter 3, "Witness and Judge"), and this is no doubt why Galen includes it in his story, while scrupulously avoiding any mention of money or fees in other narratives. On the ideal of the independently wealthy physician who does not take fees, attested also outside of Galen, see Kudlien (1976); he argues that only requesting, but not receiving, payment was considered dishonorable. Cf. Kaster (1988, 122–23) discussing the fees charged by grammarians as professional educators and suggesting that second-century ideals stigmatized grammarians who accepted fees but that this stigma had virtually disappeared by the fourth century.

11. A large bibliography on this subject exists; I refer the reader especially to Bagnall and Frier (1994) with the comments and criticism of Scheidel (2001) and Parkin (2003, chap. 2).

12. See Scheidel (2003, 176), quoting Keith Hopkins.

13. The most important study of hygienic conditions in the city of Rome is the classic article of Scobie (1986), which is summarized here. On baths, see also Fagan (1999, 179–88).

14. On disease and mortality in Rome, the article of Scheidel (2003) synthesizes many previous works. On malaria in the city of Rome specifically, see Sallares (2002, chap. 8). I would, however, caution against drawing conclusions based on Galen's statement that quotidian fever (typical of falciparian malaria) is most frequently seen in children (Sallares 2002, with references in n. 223) as Galen's ideas of fever and of age are both heavily influenced by the theory of humors and temperaments and his statements may not reflect observed reality (see chap. 2, n. 53, and the section on "Age" in chapter 4). On epidemics in Rome, see Duncan-Jones (1996); on the Antonine plague in Galen, see ibid. and Littman and Littman (1973). A more general study of disease in antiquity, mostly focusing on the pre-Roman Greek world but also relevant for the Roman era, is Grmek (1989). On mortality among the elite, where literary sources can attest to age at death, see Scheidel (1999). For patients coughing up blood, yellow sputa, and tissue in Galen, see **75** (8.3–4K), **122–126** (8.290–93K), **160** (10.366K), **161** (10.369K), **162** (10.371–72K), **211** (11.189K), **307** (17A.488K), **310** (17B.117K), and cf. Grmek (1989, 192–94).

15. Modern scholars use the term "Second Sophistic" as a convenient way to refer to the cultural phenomenon described here; the phrase is attested in antiquity, in Philostratus' *Vitae sophistarum* 1.18, but its meaning was somewhat different. On the Second Sophistic generally see Bowersock (1969); Reardon (1971); Anderson (1989, 1993); Gleason (1995); Swain (1996); Schmitz (1997); and Whitmarsh (2001). Brunt (1994) questions whether any movement properly so called really existed; von Staden's brief outline of the defining features of Greek literary and rhetorical culture in this period is the best response (1995, 48–51; 1997a, n. 1). On Galen's relation to the Second Sophistic, see Kudlien (1981); Bowersock (1969, chap. 5); Reardon (1971, chap. 3B); Kollesch (1981); Pearcy (1993); Barton (1994, chap. 3); von Staden (1995, 1997a); Debru (1996a); Swain (1996, chap. 11). On the agonistic character of Greek elite society in the period of the Second Sophistic see especially Schmitz (1997, chap. 4).

16. On the political dimensions of the Second Sophistic, and the complex relationship between *paideia* and Roman imperial power, see Bowersock (1969) and the more recent works of Swain (1996), Schmitz (1997), and Whitmarsh (2001). On sophists and emperors, see Rawson (1989); on this theme also Bowersock (1969, chap. 4); Hahn (1989, 182–91); and Whitmarsh (2001, chap. 4). On senators from the east, see the thorough study of Halfmann (1979).

17. On disdain for the sophists, see von Staden (1997a, 34–36). Criticism of Atticism: e.g., *Aliment. fac.* 2.9 (6.579K), 2.11 (6.584K); *Diff. puls.* 2.5 (8.584–85K); *Praecog.* 5 (14.624–25K); *Ord. libr. propr.* 5 (19.60–61K). Expertise in Attic dialect: e.g., *Usu part.* 1.2 (3.92K); *Thras. med. gymn.* 32 (5.868–69K); *Aliment. fac.* 2.24 (6.605K); *Diff. febr.* 2.6 (7.347K); *Simp. med.* 8.2.14 (12.283K); *Comp. med. gen.* 10.10 (13.407K); *Nomin. med.* 103v (31 Meyerhof and Schacht). Dictionary of Attic words: *Libr. propr.* 17 (19.48K); *Ord. libr. propr.* 5 (19.60–61K). On Galen's Atticism generally, see Swain (1996, 56–62) and Schmitz (1997, 80–82).

18. For a thorough study of Galen's relationship to the textual tradition—not only in medicine, but in all aspects of literature—see von Staden (1997b); also the collection of articles edited by Kollesch and Nickel (1993). On Galen's treatment of poetry in *On the opinions of Hippocrates and Plato,* see de Lacy (1966). My own cursory examination, excluding references to medical and philosophical writers, notes quotations in Galen's work from Aeschylus, Antiphon, Aristophanes, Callimachus, Demosthenes, Euripides (several), Herodotus, Hesiod, Hipponax, Homer (several), Ibycus, Pindar, Plato Comicus, Sappho, Simonides, Solon, Sophocles, and Thucydides (several). On Galen and Hippocrates see especially Smith (1979, chap. 2).

19. On Galen's idealization of the *pepaideumenos* cf. Ieraci Bio (1991) and von Staden (1997a, 46–47). The liberal education of the physician is a theme throughout his work; but see especially the treatise *That the best physician is also a philosopher* (*Opt. med. philosoph.,* 1.53–63K), and Oser-Grote (1997, 103–7). Many works on specific aspects of Galen's relationship with philosophy have been produced. For introductions to the subject, see Temkin (1973b, chap. 1, esp. 38–47); ibid. (1991, 47–50); Nutton (2004, 221–23). On sophistic patients, see Chapter 4, "Social Information."

20. On the agonistic atmosphere of Galen's works, see especially Barton (1994, 147–49); von Staden (1995, 1997a). On public debates: *Thras. med. gymn.* 2 (5.807K) suggests that debates between physicians and gymnastic trainers are common events; ibid. 46 (5.894–95K) describes Galen joining in one such debate; and this treatise is a written version of an argument Galen presented in public debate (1, 5.806K; 2, 5.809K). For other descriptions of public debates and declamations, see e.g., *Nat. fac.* 1.13 (2.34K); *Loc. affect.* 3.3 (8.143K); *Diff. puls.* 2.3 (8.571–74K) and 3.3 (8.653–57K); *Meth. med.* 2.5 (10.112–15K); and Debru (1996a). Debates on philosophy: *Anim. pecc. dign.* 3 (5.76K), 5 (5.91–93K), 7 (5.98–102K); *Praecog.* 5 (14.626K). On language: *Thras. med. gymn.* 32 (5.867–68K), *Nomin. med.* 92v–93r (18–19 Meyerhof and Schacht). Pulse terminology was especially contentions: *Diff. puls.* 1.1 (8.494–95K), 2.3 (8.571–74K), 3.3 (8.653–57K) and *passim. Nomin. med.* 88v–89v (12–14 Meyerhof and Schacht) describes a fruitless debate before spectators between two philosophers on the terminology of fever, in which Galen did not participate. Challenge: *Purg. med. fac.* 2 (11.328–31K).

21. On the agonistic and performative nature of Galen's anatomical demonstrations, see von Staden (1995, 1997a); also Rocca (2003, 1–14) and now Gleason (2007). (This manuscript was nearly complete before I had access to Gleason's article, and I have not attempted to incorporate it fully.) Experiment on laryngeal nerves: *Anat. admin.* 8.4 (2.699–700K), *Praecog.* 5 (14.628K). Galen writes that animals with loud voices are the best for this type of demonstration, *Praecog.* 5.10 (14.627K). Ape intestine challenge: *Opt. med. cogn.* 9.6–7 (tr. Iskandar 1988, 104); see Schlange-Schöningen (2003, 107–8).

22. Public buildings: Galen's friends beg him to defend his views against attack with dissections "in one of the large auditoria" (κατά τι τῶν μεγάλων ἀκουστηρίων, *Libr. propr.* 2, 19.21K).

Galen suggests baths for certain vivisections in *Plac. Hipp. Plat.,* frag. 7 (70 de Lacy), because their warm environment allows for better experimental success. For medical debates and displays in theaters, see Plutarch *Moralia* 71A. Baths of Trajan: see **199** (10.909K), where Theagenes the Cynic is well-known because "he used to debate in the gymnasium of Trajan (i.e., Baths of Trajan, see Schöne 1917) every day." Temple of Peace: *Libr. propr.* 2 (19.21K); cf. *Diff. puls.* 1.1 (8.494–95K).

23. On Galen's audiences, see von Staden (1995). Heckling/laughing: *Nat. fac.* 1.13 (2.34K); *Anim. pecc. dign.* 3 (5.76K); *Simp. med.* 1.30 (11.434K); *Nomin. med.* 92v (18 Meyerhof and Schacht). The crowd forces one incompetent anatomist to undertake an experiment he knows he cannot perform in *Anat. admin.* 7.16 (2.642K); they press the disputants for clarification in *Nomin. med.* 88v (12 Meyerhof and Schacht). For *problemata* at anatomical demonstrations, see von Staden (1995, 60; 1997a, 42–44); also see, e.g., *Usu part.* 7.14 (3.571K), where Galen sets a question for his Epicurean or Asclepiadean rivals sometimes months in advance; *Diff. puls.* 2.3 (8.571K), where a "sophist" proposes the question "what is the full pulse?"; *Libr. propr.* 1 (19.13, 14K), "my public speech and teaching on a problem of anatomy." Spectators joining in: the architect in *Anim. pecc. dign.* 7 (5.98–102K); Galen himself in *Thras. med. gymn.* 46 (5.594–95K). Aggression from audience and quotation: *Nomin. med.* 92v (18 Meyerhof and Schacht). See also the "sophist" of *Diff. puls.* 2.3 (8.571–72K) and Alexander of Damascus in *Praecog.* 5 (14.628K).

24. Galen addresses individual spectators: e.g., Alexander the Peripatetic, *Praecog.* 5 (14.628K); Martianus, in *Libr. propr.* 1 (19.14K). Socratic questioning: *Diff. puls.* 2.3 (8.571–74K) and 3.3 (8.653–57K); *Simp. med.* 1.30 (11.432–33K); *Nomin. med.* 92v–93r (18–19 Meyerhof and Schacht). Shrieking, *Meth. med.* 2.5 (10.112–15K); cf. Debru (1995, 76–77). Shaking head: *Diff. puls.* 2.3 (8.572K, 573K), "the old man shook his ears like a donkey." Sour expressions: ibid. 3.3 (8.657K), "and having said this he left, casting us a censorious and disdainful look." Cf. *Opt. med. cogn.* 3.3, "some [Empiricists], when disgraced, will behave impudently and contentiously towards their opponents in debate" (tr. Iskandar, 52).

25. οἵει μάχην ἔσεσθαι; ἢ δηλονότι τηλικαύτην, οἵαν πολλάκις ὁρῶμεν ἔν τε τῷ τῆς εἰρήνης τεμένει καὶ ἐπ᾽ αὐτῶν τῶν ἀῤῥώστων; *Diff. puls.* 1.1 (8.495K). On the role of the especially complex science of pulses (which he did not invent, but to which he contributed voluminously) in Galen's self-portrayal, see Deichgräber (1957) and Barton (1994), 152–63.

26. "Those present," *Anat. admin.* 7.16 (2.642K); *Anim. pecc. dign.* 3 (5.76K), *Diff. puls.* 2.3 (8.573K), *Simp. med.* 1.30 (11.434K); "those listening," *Ven. sect. Eras. Rom.* 1 (11.194K); "those observing," *Anat. admin.* 8.4 (2.669K); "those who happened to be present," *Nat. fac.* 1.13 (2.34K). Twenty or thirty: *Anim. pecc. dign.* 5 (5.91K). μεγάλα ἀκουστήρια: *Libr. propr.* 2 (19.21K). Mass audiences: Schmitz (1997, 160–68).

27. Architect: *Anim. pecc. dign.* 7 (5.98–102). Physicians, etc.: *Thras. med. gymn.* 1–2 (5.806–9K), 46 (5.894–95K); *Diff. puls.* 2.3 (8.571–74K); *Ven. sect. Eras. Rom.* 11.193–94K. "Intellectuals," in *Opt. med. cogn.* 9 (105 Iskandar). In *On Prognosis,* Galen describes in detail the audience at two demonstrations arranged by the ex-consul Boethus. The first includes two sophists and the Peripatetic philosopher, Alexander of Damascus, who makes a pest of himself (*Praecog.* 5, 14.627–28K). The second attracts a larger audience of "all those intellectuals (φιλόλογοι) who were at Rome," including three high-ranking senators and "all those who had a high reputation for both medicine and philosophy" (*Praecog.* 5, 14.629–30K).

28. Oral commentary: von Staden (1997a, 37–39). Tachygraphers and *hypomnemata: Libr.*

propr. 2 (19.21–22K); *Praecog.* 5 (14.630K); *Hipp. 3 epid.* 2 *praef.* (17A.576K); *Musc. dissect.* (18B.927–28K); see Hanson (1998, 24–35). Cf. *Libr. propr. praef.* (19.10K), where Galen gives his students "memoranda of what they have heard" (ὧν ἤκουσαν . . . ὑπομνήματα). Memoranda as guides: *Anat. admin.* 1.11 (2.217K); *Libr. propr.* 2 (19.17K); cf. *Comp. med. gen.* 3.2 (13.602–3K), "many of my companions know all of these things and show them to their students, having read my anatomical works."

29. Debate between teachers: *Libr. propr.* 2 (19.16–17K); see Debru (1996a, 71). A version of this treatise is extant as *On medical experience* (*De experientia medica*). *To Thrasybulus:* see *Thras. med. gymn.* 1 (5.806K), 2 (5.809K). *On venesection:* see *Libr. propr.* 1 (19.14K); *Ven. sect. Eras. Rom.* 1 (11.193–94K). περὶ τῶν δημοσίᾳ ῥηθέντων: *Libr. propr.* 12 (19.46K).

30. *Libr. propr.* 2 (19.21–22K); the work is perhaps identical with the extant *Adv. Lycum* (see 18A.198K).

31. On Galen as author, see Ilberg (1889–97), Boudon (1994b), von Staden (1997b), Hanson (1998), and García Ballester (2002).

32. Chronology: see Ilberg's articles (1889–97), with the corrections of Bardong (1942) and Peterson (1977). Notable among inauthentic works is Galen's commentary on the Hippocratic *De humoribus* (16.1–346K), conclusively proved a Renaissance forgery by K. Kalbfleisch in 1915. For references see Schubring (1965, xlvii–xlix).

33. Hanson (1998, 50–52); *Anat. admin.* 1.1 (2.215K) and 11 (135 Simon); *Comp. med. gen.* 1.1 (13.362–63K); *Libr. propr.* 2 (19.19K), 11 (19.41K); Meyerhof (1929, 85–86); and the fire is the main theme of *On the absence of grief* (see Boudon-Millot 2007).

34. *Praecog.* 9 (14.650–51K); *Libr. propr. praef.* (19.9–10K), 1 (19.11–12, 13K), 2 (19.16–17K), 4 (19.31K), 11 (19.41K). For treatises that circulate beyond their intended audiences, see also *Plac. Hipp. Plat.* 8.2 (5.663–64K). On the editing and publication of Galen's works, see Hanson (1998, 25–35). On the problem of multiple versions of the same text, see also von Staden (1997b, 85).

35. See von Staden (1997b, 83–87).

36. A famous example of a more modern work with textual difficulties is Shakespeare's *Hamlet,* of which four versions dating to his lifetime survive. I do not attempt to pronounce on the authenticity of Galenic treatises. My procedure has been to accept the canon of the *Thesaurus Linguae Graecae*—its judgments are a more up-to-date version of those of Schubring, in the bibliographic notes published in vol. 20 of the Olms edition of Kühn, modified by recent scholarship.

37. Hanson (1985, 39–47).

38. Hanson (1985, 39–47); Andorlini Marcone (1993, nos. 4–8; 2001, no. 3).

39. I offer a much simplified version of the interpretation of Temkin (1973b), though aspects of it are in dispute (e.g., Wilson [1987] questions the existence of an Alexandrian canon and the influence of Galen in Byzantine culture, but also identifies a large number of Byzantine manuscripts of Galen). On the Syriac tradition, see Degen (1981), for a full list of treatises and translators; on the tradition in Syriac and Arabic, see Strohmeier (1981, 1994). Galen's greatest translator was Hunain ibn Ishaq in the ninth century, who translated the entire corpus available to him into Syriac and Arabic; some texts survive only in his version. On Galenic texts in Hebrew (translated from the Arabic), see Lieber (1981); the earliest dates to 1199, and the quantity of these works is small compared with what existed in Latin and Arabic. For a full list of references on the transmission of Galen's corpus, see Schlange-Schöningen (2003, 10–11).

40. The scholarship on medicine in this era and the "scientific revolution" is very extensive; I have not attempted to assimilate it but have relied on the following general works. For a recent survey, see Dear (2001). A good textbook is Conrad et al. (1995); chapter 6 is most relevant here. For a wide-ranging bibliographic essay covering a variety of theoretical approaches to the emergence of "modern" medicine, see Duden (1991, 1–49). For Galen's influence in the Renaissance, Temkin (1973b, chaps. 3, 4) remains a good introductory discussion. On Renaissance anatomy specifically, see Carlino (1999, esp. chap. 4). On Paracelsus, the classic works are Pagel (1982) and Webster (1982). On Harvey, the classic works are Keynes (1966) and Pagel (1967). For an overview of Galen's physiology, see Debru (1996b).

41. Cf. Duden (1991, chap. 4); Wear (1989).

42. On Kühn's edition, see recently Nutton (2002). The best list of surviving Galenic texts not included in Kühn appears at the end of that edited collection.

43. "Friends": *Cur. ven. sect.* 2 (11.254K, φίλοι ἰατροί, "friends who are doctors"); *Comp. med. gen.* 1.1 (13.363K), 1.18 (13.453K); *Praecog.* 9 (14.650–51K, "I wrote many philosophical and medical works which, when the emperor returned to Rome, I gave to my friends who were asking for them"); *Hipp. 3 epid.* 2.4 (17A.604, 605K); *Adv. Jul.* 2 (18A.253K); *Libr. propr.* 1 (19.9–10K; 12K, a "Platonist friend;" also 19.14K, where the "friend" is Teuthras, see n. 49 below), 2 (19.21K), 4 (19.31K, where the friend is Caecilianus of *Puer. epil.,* 11.357K); 11 (19.41K). "Companions": *Anat. admin.* 1.1 (2.216K), 5.6 (2.504K); *Const. art. praef.* (1.224 K); *Diff. puls.* 4.1 (8.696K); *Meth. med.* 7.1 (10.456K and 458K); *Cur. ven. sect.* (11.254K); *Simp. med.* 3.1 (11.540–41K); *Comp. med. loc.* 6.1 (12.894–95K); *Comp. med. gen.* 1.1 (13.363K), 1.2 (13.369K), 6.7 (13.887K); *Hipp. Nat. hom.* 1 *praef.* (15.9K); *Hipp. 3 epid.* 2 *praef.* (17A.576–77K and 584K), 2.4 (17A.605K); *Adv. Lycum* 1 (18A.198K); *Musc. dissect.* (18B.927–28K).

44. See also *Hipp. 3 epid.* 2.4 (17A.605K). For the close equivalence of *philos* and *hetairos* in this period, see Konstan (1997, 96, 121). *Hetairoi* can signify "colleagues," and some translators have taken this as Galen's meaning (e.g., Hankinson 1991, 3); raising the possibility that Galen here distinguishes between (lay) friends and (professional) colleagues and students. However, the evidence does not support a meaning this specific, as my discussion will show.

45. *Libr. propr.* 2 (19.20–22K); cf. *Adv. Lycum* (18A.198K).

46. *Anat. admin.* 5.6 (2.504–5K). See also *Anat. admin.* 8.1 (2.651K), "since my task is to aim not only at you, for whom this work is a memorandum, as I have said before, but also all others who are enthusiasts of anatomy"; *Usu part.* 7.14 (3.572–73K), "It is likely that some reader of this discussion knows the method of [creating] reversed motion, and for this reason is impatient with my slow-moving argument; but it does not strive to be clear to one, or two, or three, or four, or some specific number [of readers]; but it aims to teach, in order, everyone who comes into contact with it." At times in this treatise he expresses his frustration with his audience, refusing to "dumb down" by omitting difficult and potentially tedious material: e.g., *Usu part.* 10.14 (8.835–36K), 12.6 (4.20–21K).

47. See von Staden (1995, 52–53; 1997a, 44–46).

48. Galen often calls works produced for individuals "exercises" (γυμνάσια) or "memoranda" (ὑπομνήματα), especially when they are transcriptions of his oral lectures or commentaries on anatomical displays; see von Staden (1995, 52). On "private" written works see e.g. *Anat. admin.* 8.2 (2.669–70K), "they [certain books composed in his youth] were given to a companion (ἑταίρος) and circulated without my knowledge, like many others. . . . I think it is not

only irreproachable, but actually very useful to compose exercises (γυμνάσια), for example to please a friend (φίλος) who is asking for them." On the distinction between "public" and "private" works, see *Libr. propr. praef.* (19.10K), "I gave them out to friends (φίλοι) and students (μαθηταί) without ascription; not for publication (ἔκδοσις), but for those specifically who were asking that memoranda (ὑπομνήματα) be drawn up of the things that they had heard." On the audience for *Usu part.,* see the references in n. 46 above; on Boethus as addressee, see *Anat. admin.* 1.1 (2.216–17K); *Libr. propr.* 1 (19.15–16K), 2 (19.19–20K).

49. Teuthras: *Ven. sect. Eras. Rom.* 1 (11.194, 195K). Companion in gymnasium: **59** (6.757K). Travel: **20** (5.18K); cf. **53** (6.498K).

50. On Galen's proposed curriculum and particularly on those works he recommends for beginners, see Boudon (1993, 1994) and Oser-Grote (1997).

51. *Praecog.* 5 (14.630K); *Libr. propr.* 1 (19.13K). The extant *De causis respirationis* is not the one mentioned here or in several other references in Galen's works; the lost treatise was longer and more technical than the one that survives (see Furley and Wilkie 1984, 231–33). On Boethus' career, Halfmann (1979, no. 95); he is known only from Galen's references.

52. Witnesses: e.g., *Anat. admin.* 8.5 (2.677K), 8.8 (2.690K), 14.1 (230, 233 Simon); *Usu part.* 14.12 (4.195K); *Hipp. 6 epid.* 5.4 (17B.245K); *Hipp. artic.* 3.98 (18A.627K). Participation: *Anat. admin.* 3.2 (2.351K). Practicing dissections: e.g., *Anat. admin.* 1.1 (2.217K), 3.2 (2.351K), 3.5 (2.384–86K); 7.10 (2.622K, ἑταίροι), 11.4 (106–7 Simon) (and many passages in this treatise use the imperative, as though the reader were going to perform the operations it describes). See also *Sem.* 2.1 (4.595K, ἑταίροι); *Comp. med. gen.* 3.2 (13.602, 603K); *Musc. dissect.* 1 (18B.927–28K; ἑταίροι); *Libr. propr.* 2 (19.17K). "Those eager to learn" (φιλομαθοί), *Anat. admin.* 8.4 (2.672–73K); "students" (μαθηταί), *Comp. med. gen.* 3.2 (13.603K).

53. *Anat. admin.* 7.16 (2.642–43K; "ambitious youths" is νεανίσκοι φιλοτιμότεροι).

54. Teuthras: *Puls. tir.* 1 (8.453K); *Ven. sect. Eras. Rom.* 1 (11.193–94K). ἐν ταῖς τῶν νοσούντων ἐπισκέψεσιν, *Libr. propr.* 1 (19.14K). On Galen's confrontations with Martianus, see Schlange-Schöningen (2003), 163–65. "Martianus" is rendered "Martialius" in *On my own books* but scholarly consensus is probably correct in identifying him with the Martianus of several passages in *On Prognosis* (see Nutton 1979, 168–69). Eugenianus: *Meth. med.* 7.1 (10.457–58K). Cf. *Praecog.* 3 (14.613K), where a rival of Galen addresses a group of Galen's "praisers."

55. ἄλλοι πολλοὶ τῶν ἑταίρων, ἅπερ ἐθεάσασθέ με πολλάκις ἐπὶ τῶν νοσούντων ἔργῳ διαπραττόμενον, *Meth. med.* 7.1 (10.458K). Witness: **172** (10.535K), **173–79** (10.550–51K), **180** (10.558K), **182** (10.608K), **185** (10.682K), **186** (10.687K), **191** (10.792K), **194** (10.856K), **195** (10.859K).

56. He was also present at Galen's diagnosis of another youth with quartan fever; **273** (14.609K).

57. The slave or young child of Cercyllius: **209** (11.105K), "Now I will remind you of what we said to one another when I was treating the slave of Cercyllius." On this patient, see Gourevitch (2001, 27–28). Before becoming Galen's student, Glaucon also observed Galen's diagnosis of his friend the Sicilian philosopher; see next paragraph.

58. *Nat. fac.* 3.10 (2.179–80K); *Anat. admin.* 3.9 (2.393K); *Usu part.* 10.12 (3.812K), 10.13 (3.835–86K), 12.6 (4.20–21K); *Plac. Hipp. Plat.* 8.2 (5.663–64K); *Libr. propr. praef.* (19.8–9K).

59. *Meth. med. Glauc.* 2.13 (11.145–46K); cf. Peterson (1977), 490–91.

60. Epigenes: *Praecog.* 9 (14.651K); see Nutton (1979, 147–48). Boethus among the philoso-

phers (Galen mentions Alexander of Damascus by name): *Anat. admin.* 1.1 (2.217–18K), *Praecog.* 5 (14.627K). Boethus as philosopher: *Praecog.* 2 (14.612K), 5 (14.627K); *Libr. propr.* 1 (19.13K, Βοηθῷ . . . κατὰ τὴν Ἀριστοτέλους αἵρεσιν φιλοσοφοῦντι).

61. Victorinus: See *Diaet. morb. acut. Hipp.* 1.1–3 with the commentary of Lyons, 13; cf. *Hipp. vict. acut.* 3.55 (15.722–23K). Scholarly consensus identifies this "Victor" or "Victorinus" with C. Aufidius Victorinus, known from other sources, including Fronto, who was his father-in-law and probably his teacher: *PIR*^{2} A 1393; Champlin (1980, 27–28); Swain (1996, 368); Schlange-Schöningen (2003, 216, 218). Piso: *Ther. Pis.* 1 (14.210–12K); see Swain (1996, 368–70); PIR^2 C 295. On the authenticity of this treatise, see Swain (1996, Appendix D); Nutton (1997). Bassus: *PIR*^{2} B 76; Swain (1996, 375); Schlange-Schöningen (2003, 218).

62. 2 (11.254K). Also, *Comp. med. loc.* promises to catalog drugs used not only by Galen but also his teachers and his "friends who are doctors" (1.1, 12.417K).

63. *Ord. libr. propr.* (also addressed to Eugenianus), 19.57K.

64. *Libr. propr.* 2 (19.20–21K); in *Anat. admin.* 2.3 (2.291K) Galen states that he wrote *Usu part.* for both physicians and philosophers.

65. See previous note on *Usu part.;* also *Dign. puls.* 1.1 (8.766K); *Anat. admin.* 2.2 (2.286K), where Galen describes how both medical practitioners and philosophers can benefit from the study of anatomy; *Ven. art. dissect.* 7 (2.803K), "It is not necessary only for the other doctors, Antisthenes, or for beginning students, to have the most accurate knowledge possible based on these observations, but even more for us, the philosophers." In *Aliment. fac.* 2.11 (6.584K), Galen explains his disdain for Atticism, claiming to address both doctors and "others who, living like rational beings, rate honor, glory, riches, and power among citizens lower than health of body and mind."

66. Cf. Nutton's comments on Galen's friend Epigenes (the addressee of *Praecog.* and witness to many cures), noting that nothing conclusively identifies him as a physician (1979, 147–48). The *hetairoi* of *Comp. med. gen.* 6.7 (13.887K) are clearly expected to use the treatise to mix their own drugs.

67. For the role of friendship in classical Athenian politics, see especially Connor (1971, chap. 2); also Herman (1987, 142–61). More recent scholars have challenged Connor's idea that friendship was based entirely on exchange; also, they have arrived at a more sophisticated understanding of Athenian politics (notably, Ober 1989). But they do not invalidate the evidence that Connor collects for the role of friendship in the competitive world of Athenian politics. Despite substantial attention to the subjects of friendship, enmity, and feud in the classical period (e.g., Herman 1987; Blundell 1989; Hunter 1994; Cohen 1995; Konstan 1997; Mitchell 1997), the prominent role of friendship in litigation, and in the conflicts leading to litigation, has hardly been addressed. Litigation was a major public forum for conducting agonistic relationships ("feuds") among citizens, as Cohen (1995) shows.

68. On friendship and patronage, see Saller (1982, 11–39, and 1989). Konstan (1997, 122–29, 135–37) emphasizes that friendship might involve selfless mutual affection, but without denying that the exchange of benefits and loyalty between individuals of unequal status characterized some friendships. The economic aspects of friendship could be especially complicated and are explored in Verboven (2002).

69. Kroll (1933, 2.61–68 = 183–90 repr.); Saller (1989, 57–85); cf. Konstan (1997, 128–29 and

Mattern (1999a, 15–16). On the essentially public nature of aristocratic houses, see Wallace-Hadrill (1994).

70. On the emperor's "friends and companions," see Mattern (1999b, 2–8); on friends of Hellenistic kings, see Konstan (1997, 95–98).

71. The affective dimension for Greco-Roman friendship has been demonstrated by Konstan (1997). Brunt's classic essay on Roman friendship (1965) emphasizes the variety of possible relationships so designated and that friendship cannot be equated strictly or even roughly with political partisanship.

72. For physician-"friends," cf. Cicero *De oratore* 1.14.62; Seneca, *De beneficiis* 6.16; Tacitus, *Annales* 15.64; some of Plutarch's friends were doctors, see n. 82; and for other physicians styled "friends" of aristocrats and emperors, on inscriptions and in other sources, see Kudlien (1986, 17, 18, 23, 34, 59–60, 61, 63, 70, 75, 79–80, 101, 200–1, 204–7); Mattern (1999a, 4–7). Note that enslaved physicians could be called the "friends" of their masters: Kudlien (1986, 101, 206). On the social status of physicians, see Kudlien (1986); Nutton (2004, chap. 17). Traveling with friends or patrons: Verres' doctor Artemidorus travels with him to Sicily in 80 BC, Cicero *In Verrem* II.3.28, and see Kudlien (1986) 54–56; for other examples, see Cicero, *Epistulae ad familiares* 13.20, recommending the physician Asclapo to his friend Servius Sulpicius Rufus, about to set out for his province of Achaea; in *Digsta* 34.2.40 a testator leaves a legacy to "his doctor, comrade (*contubernalis*) and companion on shared expeditions"; also *Inscriptiones Graecae* 14.2019 and Nutton (2004, 164). For Galen's criticism of the behavior described here, see below. On the image of the parasite (παράσιτος, dinner-guest, or "one who eats beside" his host), see Damon (1995) and esp. Juvenal 3 for Greek intellectuals as parasites and "clients" of Roman aristocrats.

73. On slaves and freedmen as physicians see Kudlien (1986, chaps. 5, 6); cf. Korpela (1987, 110–13); Schumacher (2001, 214–19); Schlange-Schöningen (2003, 264n. 32); Nutton (2004, 165). On the legal obligations of freed doctors to their patrons, see Below (1953, 12–17), and *Digesta* 38.1.27. Freedmen as professionals: Joshel (1992, chaps. 2, 5).

74. On Greco-Roman perceptions of the status of medicine as a τέχνη, see Kudlien (1986, 154–81) and Nutton (1985b, 28–32). Criticism of physicians who fawn on aristocrats is a major theme in Galen's work: *Meth. med.* 1.1 (10.2–3K), 9.4 (10.609K); *Praecog.* 1 (14.600K); *Opt. med. cogn.* 9.1–2, 16 (100–102, 110 Iskandar); cf. *Anim. affect. dign.* 3 (2.8–9K). Galen escapes traveling with the emperor: *Praecog.* 9 (14.649–50K); *Libr. propr.* 2 (19.18–19K). Thessalus training slaves: *Meth. med.* 1.1 (10.4K).

75. In numerous passages; e.g., *Const. art.* 17 (1.289K); *Plac. Hipp. Plat.* 3.4 (5.319K); *Aliment. fac.* 1.1 (6.471K), 2.68 (6.658K); *Diff. resp.* 2.7 (7.851K), 3.8 (7.930K); *Loc. affect.* 3.9 (8.178K), 6.2 (8.386K), 6.3 (8.400K).

76. This is a theme in many of his works; two treatises especially involved with this subject (*Adhort. art.* and *Ars medica*) are now available in an excellent edition, with French translation and commentary, by Boudon.

77. On Galen's idea of the physician as *pepaideumenos* see especially Ieraci Bio (1991). "Rational" arts: *Anim. pecc. dign.* 7 (5.103K); *Plac. Hipp. Plat.* 8.1 (5.652K). "Noble": *Meth. med.* 1.1 (10.4K). Medicine as "rational and noble": *Adhort. art.* 14 (1.38–39K). Medicine is grouped with geometry, mathematics, philosophy, and astronomy in *Adhort. art.* 5 (1.7K); with rhetoric, music, geometry, mathematics, arithmetic, astronomy, grammar, and jurisprudence in *Adhort. art.* 14 (1.38–39K); and with philosophy, geometry, music, and jurisprudence in *Ord. libr. propr.* 5

(19.60–61K). In *Praecog.* 1 (14.604–5K), Galen complains that the wealthy care nothing for geometry, arithmetic, astronomy, philosophy, or medicine, nor value those who are masters of these disciplines, except to the extent that they can be of practical use. On the debate over medicine's classification as a liberal or banauistic art, see Kudlien (1976; 1986, 154–81). On the idea of the "liberal" arts, see Hadot (1984). On education in the Roman world, the most important works are now Kaster (1988), Morgan (1998), and Cribiore (1996, 2001). These studies focus mainly on the utilitarian education in fundamental arithmetic and letters that was widely available in the empire's towns and villages, and also on what Galen calls "the basic education that Greek children learn from the grammarians and rhetors" (τὴν πρώτην παιδείαν, ἣν οἱ παρ᾽ Ἕλλησι παῖδες ἐξ ἀρχῆς ἐπαιδεύοντο παρά τε γραμματικοῖς καὶ ῥήτορσιν, *Libr. propr.* 1, 19.9K), of which the scope was narrow and literary in focus. Higher education such as Galen enjoyed, often pursued abroad and focusing especially on philosophy, was available only to a very few. Hadot (1984, 252–61) shows that mathematics and the sciences were taught as a part of philosophy.

78. *Adhort. art.* 5 (1.8K); *Opt. med. philosoph.* 1 (1.53K); *Meth. med.* 1.2 (10.17K).

79. Eusebius, *Historia ecclesiastica* 5.28.13–14 and Epiphanius, *Adversus haereses* preserve a fragment dating to ca. AD 210, attesting to a heretical Christian sect whose favorite authorities included Euclid, Aristotle, Theophrastus, and Galen. Athenaeus' *Deipnosophistae,* dating to about the same time, describes Galen as prolific publisher of works on philosophy and medicine (1.1E) and Galen is a participant in the dialogue that follows. For discussion see Nutton (1984), 316–17. Nutton (1984, 318–22) also points to Galen's conflict with Alexander of Aphrodisias, a philosopher and contemporary of Galen (he may be identical with the Alexander of Damascus that Galen mentions in two passages as a friend of Boethus, *Praecog.* 5, 14.627–28K and *Anat. admin.* 1.1, 2.218K). Some of Alexander's work is preserved in Arabic and attacks Galen on specific philosophical points.

80. Galen describes his own education: *Anim. affect. dign.* 8 (5.40–41K); *Libr. propr.* 11 (19.39–40K); *Ord. libr. propr.* 4 (19.59K). Physicians lack the proper education: *Usu part.* 10.14 (3.835–36K); *Meth. med.* 8.3 (10.559–61K); *Morb. temp.* 4 (7.418K); cf. *Typ. scrips.* 3 (7.487K); *Meth. med.* 1.1 (10.1–3K). Thessalus' lack of culture: *Meth. med.* 1.2 (10.11–12 and 17K), 1.3 (10.30K). Thessalus' father: *Cris.* 2.3 (9.657K) and several references in *Meth. med.* 1.2 (10.8–11K). Nicon's education: *Anim. affect. dign.* 8 (5.42K); *Ord. libr. propr.* 4 (19.59K). Teleology and philosophy: *Anat. admin.* 2.2 (2.286K); *Foet. form.* 6 (4.687–88 and 695–96K). Cf. *Dign. puls.* 1.1 (8.766K), where Galen states that he wrote *De usu pulsuum* for philosophers; and *Anat. admin.* 2.3 (2.291K), where he states that he wrote *Usu part.* for philosophers as well as physicians. The craftsmanship of nature is the main theme of *Usu part.* Assistant to nature: *Thras. med. gym.* 26 (5.853K), 30 (5.862K).

81. See especially Bowersock (1969), chap. 5.

82. Plutarch on Glaucus: *Moralia* 122B-E. Plutarch's friends: Boulogne (1996, 2764–65) for names and references and for general discussion of Plutarch's interest, involvement, and expertise in medicine.

83. Law: Below (1953, 22–55); Bowersock (1969, chap. 3); Nutton (1971); Hadot (1984, 221–38). Although these laws confirm the association of medicine with the "liberal arts" in Galen's time, the social background of grammarians varied considerably, like that of doctors. The rank and prestige of rhetors was higher; see Kaster (1988, 99–134). Honorific inscriptions: see Bow-

ersock (1969, 67–68); Gourevitch (1984b, 423–24). Lay authors notable for the medical content of their works include Plutarch, Aulus Gellius, Apuleius, Aelius Aristides, Marcus Aurelius, and Fronto; see Bowersock (1969, 66–75).

84. *Meth. med.* 1.1 (10.4K); *Opt. med. cogn.* 1 (40 Iskandar), 9 (110 Iskandar), and *passim; Adhort. art.* 6 (1.9K).

85. Philosophers and dissection: *Anat. admin.* 2.2 (2.286–87K); cf. *Foet. form.* 3 (4.664K), where Galen complains that philosophers do not know the evidence from dissection, but ought to. "The ancients," *Anat. admin.* 2.1 (2.280K). In fact, as Lloyd (1979, 156–69) points out, references to dissection are rare in the Hippocratic Corpus, and it became an important part of scientific reasoning only with Aristotle.

86. Arrogant youth: **345** (96–98 Iskandar). Master: **264–65** (13.636–38K). Emperors: **267–68** (14.218–19K). Father: **266** (14.212–13K).

87. Healing by correspondence: *Loc. affect.* 4.2 (8.224K); cf. *Comp. med. gen.* 1.8 (13.453K), "I also gave some of my writings to friends, when they asked for drugs like these; the drugs, tested by these very people, seem to have lived up to their promise." *Hetairoi,* see *Comp. med. gen.* 6.7 (13.887K). Dissections, see n. 52 above.

88. A great deal of research on the encounter between Greek medicine and Roman culture has been published. For a recent introduction to the subject and further references, see Nutton (2004, chap. 11); for the point about names, ibid., 165.

89. The study of Schulze (1999) is by far the most thorough and sophisticated. He summarizes the traditional arguments on both sides on pp. 14–19.

90. The most sophisticated argument against Celsus as professional is von Staden (1996, 399–408). See also ibid. (375–94) on Cato the Elder, and on Roman aristocratic values cf. Mattern (1999b, chap. 1). In von Staden's view, Celsus' argument is similar to the much more aggressive invective of Pliny the Elder, who praises medicine itself while attacking the (mainly Greek) profession of medicine (Beagdon 1992, chap. 6). The medical content of Pliny's work is intended to represent traditional herbalism rather than the rationalist Greek medicine of Celsus; but Pliny in fact uses many Greek sources, nor can the two traditions be easily separated. Many Greek "herbalist" works existed, and Galen's own pharmacological works perhaps belong in this genre. Also, the influence of Greek doctrines can be found even in Cato; see von Staden (1996).

91. The vituperative rhetoric of Pliny the Elder belongs to the previous century (*Naturalis historia* 29.13–28; see n. 90); closer to Galen's time are the disparaging comments of Juvenal (3.77; 10.221). The most thorough discussions of attitudes toward physicians in the Roman period are Gourevitch (1984b, part II) and Kudlien (1986, part II). On antimedical rhetoric in Roman literature specifically, Gourevitch (1984b, 347–414) and Kudlien (1986, 187–98).

92. Von Staden (1997b, 67–75) is a very precise study of Galen's own terminology for literary genres, including those to which his own works belong.

93. Galen's flattery of Piso in *Ther. Pis.,* often considered uncharacteristic and contrary to the principles he articulates elsewhere, suggests that he is playing the role of "client" in the relationship.

94. Narrative in contemporary medicine is the subject of an enormous quantity of scholarship that is normally (but not always) classified in the field of medical anthropology. For an introduction, see Garro and Mattingly (2000). Important works on the human and ethical di-

mensions of medical narrative include Kleinman (1988); Good (1994, chap. 6); Frank (1995); Mattingly (1991, 1998); Brody (2003).

95. On narrative and medical training, Kathryn Hunter (1991); Good (1994, chap. 6); DelVecchio Good (1995, 132–41); Good and DelVecchio Good (2000). On social values in medical narrative, see Epstein (1995, esp. chaps. 2–3). On "rounds" specifically, see Kathryn Hunter (1991, chap. 3); DelVecchio Good (1995, 132–35).

96. A few comprehensive "histories of the case history" from antiquity to modern times have been published: Temkin (1929); Lain Entralgo (1950); Böhm, Köhler, and Thome (1978). On the modern history of case histories and medical records, see Reiser (1986) and Epstein (1995, chaps. 2–3). On the potential uses of case histories for historical research, see Risse and Warner (1992). Notable examples of historical studies based on case histories are Duden (1991), Dwyer (1992), and Stowe (1996), but many others could be cited.

97. On meteorology in the *Epidemics,* see López Férez (1989); Langholf (1990, 164–79). Only books V and VII show no evidence of a concern with meteorology. On implicit theories of disease in the *Epidemics,* see Langholf (1990). On their lack of explicitness, see ibid. (136–39). On critical days see also Lloyd (1979, 154–55; 1987, 264–69); on fevers, also Smith (1981). On the typology of the different books and the traditional primacy of books I and III, see Smith (1989).

98. On the patients in the *Epidemics,* see Jouanna (1999, 112–25); on women (about one-third of the total number of patients), Hanson (1989), and King (1998); on slaves, Kudlien (1968, chap. 2); on women and slaves, Demand (1998). On names and family or household relationships, Deichgräber (1982).

99. On the oral context for some Hippocratic treatises, see especially Lloyd (1979, 89–98; 1987, 87–102); Jouanna (1999, chap. 5). On writing in Hippocratic medicine, see Lonie (1983); Ioannidi (1989); Gordon Miller (1991, 24–32); Dean-Jones (2003); and on the interdependence of texts, Langholf (1990).

100. E.g., Lonie (1983); Gordon Miller (1991, 24–32); Nutton (2004, 62).

101. On books V and VII, see the edition, with commentary, of Jouanna (2000); on the reduplication of stories, a very complicated question, ibid., XXXI–LX. Jouanna postulates a single author of a collection of stories from which book VII and the second half of book V both derive. Timenes' niece: 2.1.7 (7.24 Loeb) and 4.26 (7.122 Loeb). On *Epidemics IV* and its interpretations, see Smith (1989, 155–58). Cases in the *Epidemics* where the author seems to have treated the patient himself: 1.4 (1.194 Loeb); 3.8 (1.270 Loeb); 4.1 (7.92 Loeb), 25 (7.116 Loeb), 35 (7.130 Loeb), 38 (7.132 Loeb), 53 (7.146 Loeb); 5.27 (7.178 Loeb, 17 Jouanna), 46 (7.186 Loeb, 22 Jouanna); 6.3.2 (7.236 Loeb), 9 (7.238 Loeb); 6.8.28 (7.286 Loeb), 30 (7.288 Loeb), and possibly 32 (7.290 Loeb); 7.80 (7.376 Loeb, 95 Jouanna), 111 (7.404 Loeb, 112 Jouanna), 124 (7.414 Loeb, 118 Jouanna). On stories about cases outside the physician's own practice, see Smith (1989, 152); Jouanna (2000), XXVI–XVII, LIII; cf. Gordon Miller (1991, 26). Examples of stories in which other physicians (not the author) treat patients: 5.14 (7.164 Loeb, 8–9 Jouanna), 95 (5.212 Loeb, 42 Jouanna); 6.8.32 (7.290 Loeb); 7.112 (7.404 Loeb, 112 Jouanna; here the other doctor is named), 119 (7.408 Loeb, 115 Jouanna), 121 (7.412 Loeb, 116–17 Jouanna), 123 (7.414 Loeb, 117 Jouanna).

102. Langholf (1990), 140–49 argues (especially of book II) that the *Epidemics* originated as lecture notes designed to help the teacher remember topics to be covered in oral instruction.

103. *Epid.* 5.95 (7.212 Loeb, 42 Jouanna), 7.121 (7.412 Loeb, 116–17 Jouanna).

104. The stories are nos. **214–15** (11.200–1K, 206–9K); Garofalo (1988, fr. 285, 286). Galen

refers to the work as Διαιρέσεις in *Ven. sect. Eras. Rom.* 1 (11.192–93K, where he also refers to the patients by name) and 3 (11.199K). The work is also cited by Aulus Gellius, *Noctes atticae* 16.3.6–8; Garofalo (1988, fr. 284). This may be the same work in which Erasistratus described anatomical experiments; see *Plac. Hipp. Plat.* 7.3 (5.602–3K); Garofalo (1988, fr. 289); Kudlien (1980–81, 139–40). The connection is possible because Erasistratus was one of the very few physicians of antiquity who dissected human beings, including patients who died. On human dissection in antiquity, see especially von Staden (1989), 139–53. On Erasistratus' dissection of people suffering from liver problems, see Caelius Aurelianus, *De morbis acutis et chronicis* 3.4 (Drabkin 1944, 752; Garofalo 1988, fr. 184B).

105. The fundamental work on Empiricism is Deichgräber (1965), which is the authoritative collection of fragments from Empiric writers as well as the most thorough scholarly analysis. Good discussions of Empiric epistemology in English include Frede (1987, chap. 13; 1988; 1990). On *historia,* see especially Deichgräber (1965, 298–301). Galen discusses *historia* in *Subfig. emp.* 8 and 10 (65–69 and 74–75 Deichgräber).

106. The teacher's name was Aeschrion; see *Simp. med.* 11.1.24 (12.356K).

107. The text is published, with German translation and commentary, by Ullmann (1978). On the case for a single author, ibid. 15–25; see also Álvarez Millán (1999, n. 27; and pp. 29–30). *Contra,* see Kudlien (1980–81). Case histories in Rufus' surviving work: Ullmann (1978), 17–18.

108. Agonistic elements: Ullmann (1978), 24 (and Galen's "Arroganz"); Álvarez Millán (1999), 28–29. Story no. 15 describes two patients, so that there are twenty-two patients in twenty-one stories.

109. On the humoral theme, see Ullmann (1978), 26–29. Seasons and weather: nos. 2, 7, 10, 11. Hours of the day: no. 14, and especially 21.

110. Ullmann (1978, 24–25).

111. See *Atra bile* 1 (5.105K); and the edition of Rufus of Ephesus by Daremberg and Ruelle (1963, 291).

112. *Apnous:* Diogenes Laertius 8.60–61, 67; Origen, *Contra Celsum* 2.16; Pliny, *Natural History* 7.175. References to the *Apnous* in Galen: **143** (8.414–15K) and *Diff. resp.* 1.8 (7.773K).

113. **352** (77 Deichgräber) = **235** (12.313–14K).

114. **111** (8.226K); cf. **65** (7.61K) for a less detailed and dramatic version of the same story.

115. On the inscription, see Klitsch (1976); but also the arguments and corrected text of Petzl (1981).

116. For an edition, translation, and commentary of the Epidaurian stelae, see LiDonnici (1995). Pausanias saw the stelae, 2.27.3; see Edelstein and Edelstein (1945, T. 384, 739 and vol. 2, 236). Inscriptions at Lebena: *Inscriptiones Creticae* 1.17.9, 17, 18, 19; Edelstein and Edelstein (1945, T. 426, 439–41); LiDonnici (1995, 46–49; p. 49 on wooden tablets). Privately dedicated inscriptions: LiDonnici (1995, 45–47). Third-century inscription: *Inscriptiones Graecae* IV^2, 1.127; Edelstein and Edelstein (1945, T. 424). Cos and Tricca: Strabo 8.6.15; Edelstein and Edelstein (1945, T. 382); Dillon (1994, 241).

117. For a catalog and discussion of votive reliefs dedicated to Asclepius, see Hausmann (1948); for healing scenes, pp. 38–60. For a catalog of the archaeological and epigraphic evidence for the dedication of model body parts, van Straten (1981, 105–46). On votives for healing generally, see van Straten (1981, 97–102) and Cruse (2004, chap. 5).

118. On these the most thorough study is still Behr (1968).

119. LiDonnici (1995, 40–75).

120. **62** (6.869K), Nicomachus of Smyrna cured of swelling; **238** (12.315K) = **355** (78–79 Deichgräber), a Thracian cured of elephantiasis by drinking snake venom; **219** (11.315K), a worshipper cured of pain in the side by bloodletting from the hand.

121. For the role of healing in pagan religion see MacMullen (1981, 49–51); Nutton (2004, chap. 18); Cruse (2004, chap. 5). See also Kee (1986) for a concise discussion of the different types of healing attested in pagan, Jewish, and Christian traditions, including healing miracles and magic.

122. Fabricius (1971).

123. The passage is **146** (8.420K); **16** (4.598–99K) tells the same story. For the argument, see Debru (1992, 85–89). Also in the story of the catapult victim from the Hippocratic *Epidemics,* cited above (*Epid.* 5.95 = 7.212 Loeb, 42 Jouanna and 7.121 = 7.412 Loeb, 116–17 Jouanna) both authors retain the first person from the original source. Galen retains many first-person verb forms when excerpting sources for his pharmacological works (e.g., "He [Andromachus] wrote the first preparation for the windpipe not far from the beginning of the book in which he discusses the treatment of the diseases that occur inside the body, thus in these words: 'Remedy for the windpipe, which I use . . . ,'" *Comp. med. loc.* 7.2, 13.15K; Galen's original work of course lacked punctuation and was thus somewhat more ambiguous). See Fabricius (1971, 31, 174–49). Fabricius does not, however, classify any of Galen's first-person anecdotes among the passages excerpted from other sources.

There is also a case in which Oribasius, in his long excerpt from Galen's *Commentary on Hippocrates' book "On the doctor's clinic,"* places a verb in the first person that is in the third person in the surviving complete manuscripts of Galen's treatise and also uses a first-person pronoun not in the treatise (*Gal. fasc.* 18A.833K and **337,** 18B.768–69K). However, the Greek manuscripts of *Hipp. off.* are late (and the Arabic translation is missing for this passage), so it is unclear which version of the text is closer to Galen's original and whether this is really a case in which Oribasius took the liberty of converting a general discussion into a personal experience of Galen's.

124. *De causis et signis acutorum morborum* 2.13.20–21; the second of two stories that Aretaeus recounts here.

125. Cf. Ilberg (1905), 366–67 Flashar.

126. This the argument of Nutton (1991, 11–13).

127. **17** (5.16K), *Plac. Hipp. Plat.* 4.6 (5.415K) = von Arnim (1903–24, vol. 3, no. 478, ll. 49–50). For the argument, see Harris (2001, 12). I do not think the conclusion that Galen never witnessed something like this himself is as "inevitable" as Harris suggests.

128. **276** (14.625K), **302-303** (207–8 Wenkebach and Pfaff), **336** (18B.40K); see Flemming (2000, 263–64). Flemming suggests that the story may be fictionalized, partly because in the later reference to it (in *Hipp. prog.*) Galen appears to revert to a story about a male patient in love with a woman: "Erasistratus did not detect the desire of the youth because he saw horns or flying crows, nor, as some have written, did he perceive this because the youth's arteries were pulsing in an erotic way; for there is no pulse that is specifically and particularly the pulse of love; but just as it appeared once to me—when I had taken the patient's wrist in my hand and a certain woman of the household was seen—straightaway to become anomalous and irregular, returning a little later to its natural state when the woman he saw went away." However, I think that Galen must be referring to the original story about Erasistratus at the end of this pas-

sage; for the whole point of his story in *On prognosis,* as Flemming points out, is precisely that he was able to diagnose love sickness *without the love object present in the house.* Galen's sometimes loose syntax would allow this: ἀλλ᾽ ὥσπερ κἀμοί ποτε ἐφάνη τῷ καρπῷ μὲν ἐπιβεβληκότι τοῦ νοσοῦντος could be read ἀλλ᾽ [αὐτῷ] ὥσπερ κἀμοί . . . , "It appeared to him just as it did to me, when he had taken the patient's wrist." My conjecture seems the more likely to be correct since in the story of Justus' wife Antiochus' love object is his father's concubine (cf. Nutton 1979, ad loc.) not, as in other versions of the story, his father's wife; a concubine might well be described as "a woman of the household." This argument of course does not negate Flemming's suggestion, which may well be valid, about the highly fictional content of the story.

129. E.g., **102** (8.194K, ἐθεασάμην); **123** (8.291–92K, ἐθεασάμην); **147** (8.449K, μοι δοκῶ . . . ἅπαξ ἑωρακέναι); **171** (10.506K, ἐθεασάμην); **260** (13.600–601K, θεασάμενος); **296** (16.772K, εἶδον); **310** (17B.117K, θεασάμενος); **326** (18A.29K, εἴδομεν); **333** (18A.347K, ἐθεασάμην). Noteworthy is a progression of three cases in **105–107** (8.197–98K): the first, the story of a peasant who rushes into the city from the countryside after being bitten by a snake, takes place at Alexandria while Galen is living there, but he does not say how he knows the story and whether he treated the patient. Galen introduces the second case, the story of a man who deliberately drank snake venom and was saved after amputating a finger, with the words "I know another man" (ἕτερεον οἶδα). The third story involves a vinedresser who saves himself after a snakebite by amputating his own finger; here Galen claims "I have seen another man, a peasant" (ἄλλον ἐθεασάμην ἄγροικον).

130. E.g., **10** (3.664K), ἡμεῖς ποτε τὸ παράδοξον ἐκεῖνο θέαμα . . . ἐθεασάμεθα, ("I myself once beheld this amazing sight"); **63** (6.869K), γλῶσσαν δέ τινος ἐπιπλεῖστον αὐξηθεῖσαν ἐθεασάμεθα . . . ("I saw the tongue of a patient exceedingly swollen . . . ; cf. **203,** 10.971K for perhaps the same case, here introduced with εἴδομεν). Also **66** (7.100K), παράδοξον μέν τοί τι . . . ἐθεασάμεθα ("I witnessed an amazing thing;" i.e., when a boy or slave was struck in the eye with a stylus; see **18,** 5.17K for a probable reference to the same event); **212** (8.212K), "We observed (ἐθεασάμεθα) another man who, after a fall, was entirely paralyzed in all the lower body except for the hands"; **114** (8.255K), "I observed (ἐθεασάμην) another person with the same kind of respiration," in a patient who has been kicked by a horse; **120** (8.265K), ὑγιαίνοντος γοῦν ποτε ἀμέμπτως ἀνθρώπου, τοιοῦτον αἷμα θεασάμενος ἐμούμενον ("I once saw a perfectly healthy man vomiting blood in this way"; the man suffers from internal leeches); **158** (10.352K), εὑρόν ποτε τῶν σοφωτάτων τινὰ Θεσσαλείων . . . ἀπιστότερον ἔτι τοῦ πρόσθεν ἐθεασάμεθα τολμηθέν ("I once discovered one of those most wise followers of Thessalus. . . . We observed him try something even more incredible than before"). Cf. **140** (8.408–9K) on the patient with a blood clot in the bladder: ἑωρακότας δὲ καὶ τοῦθ᾽ ὑμᾶς, ὃ μέλλω λέγειν, ἀξιῶ μεμνῆσθαι ("I consider what I am about to tell you worthy of note, having seen it myself"; Galen considers this story especially significant because he has saved only one such patient).

131. Observing other physicians: **157** (10.334K), **158** (10.352K, quoted in previous note), **197** (10.865K, where the patient, a peasant, treats himself), **200** (10.929K); cf. **211** (11.187K), where he "discovers" (εὗρον) the Erasistrateans mishandling the case of a woman with amenorrhea and offers advice but takes no direct action. Calling addressee to witness: **172** (10.535–36K), ἐθεάσω δὲ δήπου καθ᾽ ὃν ἐν Ῥώμῃ σὺν ἡμῖν διέτριψας χρόνον ἐνίους οὕτω νοσήσαντας ("When you were spending time in Rome with me you observed some who were sick in this way"); **173** (10.550K), ἡμᾶς ἐθεάσω . . . κωλύσαντας ("You have observed us forbidding. . . ."); **182**

(10.608K), δυοῖν νεανίσκοιν οὓς ἐθεάσω μεθ᾽ ἡμῶν ("the two young men whom you [the addressee] observed together with us"); **191** (10.792K), ἐθεάσω ποθ᾽ ἡμᾶς κατάπλασμα συντιθέντας ("You once observed me putting together a plaster."). Galen also often uses "you know" (οἶσθα) to invoke the reader or states that he will "remind you" (with ἀναμιμνήσκω) of certain events; these situations will be discussed in more detail in chapter 3 (section on "The addressee").

132. Some stories are obviously about another physician's patients, often illustrating the physician's incompetence (e.g., the two children who undergo botched surgery to the neck in **82–83,** 8.55K; the layman with ulcerated pustules in **221,** 11.340K; the physician who prescribes catharid beetle parts for dropsy in **290,** 15.913K; the physician who bathed a patient who was sweating excessively in **335,** 18B.6–7K); in **233** (12.307K) Galen may be among the witnesses who laugh at the doctor prescribing a suppository of mouse dung to a constipated child. One story, however, demonstrates the superiority of an Empiric over a rival; here again Galen does not say how he knows the story (**356,** 85 Deichgräber). In other cases it is unclear whether Galen saw and treated the patient or not, e.g., many patients mentioned briefly in *On the Affected Parts*: the paralysis patients in **85–94** (8.61, 64–65K) and **97–98** (8.139K); the vinedresser in **101** (8.166K); the peasant suffering from a venomous bite in **105** (8.197K); the pneumonia patient with nerve damage in **115** (8.255K); the patient with insensitive bladder in **138** (8.407K). Examples from other works include the patient with a hangover in **181** (10.581K); the pancratist bitten on the finger in **246** (13.418–19K); Paulus the rhetor in **286** (15.565K); the series of four patients who suffer from fainting in **322–25** (17B.540K). Noteworthy in this category is the fascinating and possibly folkloric story of the phrenetic patient who threw his roommate, a woolworker, out the window to please a taunting crowd (**111,** 8.226K) and the story of a widow with uterine problems cured by orgasm in **16** (4.598–99K) and **146** (8.420K; ἐν ταύταις μού ποτε ταῖς ἐννοίαις ὄντος ἐφάνη τοιόνδε συμβὰν ἐκ πολλοῦ χρόνου χηρευούσῃ γυναικί . . . , "when I was thinking about these things the following came to my attention; it happened to a woman who had been widowed for a long time.") In the version he relates in *On the affected parts,* it is clear that the widow is being treated by a midwife, though this does not preclude the possibility that Galen met her.

133. E.g., Theophilus the physician, who saw flute-players in his delirium, **64** (7.60–61K). Less obscure and less medical in nature are stories about the emperor Hadrian (**19,** 5.17K); "the well-known Milo," probably the wrestler of the sixth century BC, **27** (6.141K); Diogenes the Cynic (**145,** 8.419K).

134. See **230** (12.293K), where Galen acquires an unusual recipe for an anti-inflammatory drug (involving human excrement) from another practitioner, together with the history of its cures, which he relates. For examples of stories gleaned from incompetent colleagues, see **4** (2.395K), **163** (10.381–82K), **199** (10.909–16K, where his rival is the Methodist Attalus), **207** (11.33K), **208** (11.40K), **261** (13.605K). For teachers, see **24** (5.119K, the physician is Galen's teacher Stratonicus); and cf. **69–72** (7.558–59K), where Galen regales his Empiric teacher with a list of cases histories as examples in his argument. Galen also treats patients together with his teachers in **170** (10.504–6K) and cf. **326** (18A.29K), a case he witnessed "in Ionian Smyrna, when my teacher Pelops was still alive" and **327** (18A.45K), "I never had seen this remedy applied to any patient by any of my teachers."

135. οἶδά ποτέ τινα. Rufus of Ephesus also uses these formulae frequently; see Ullmann

(1978, 18). Examples of the formulae in Galen include **9** (3.353K), **54** (6.539K), **128** (8.305K), **144** (8.418K), **206** (11.26K), **293** (16.621K), **308** (17A.749K). Very striking is the story of the phrenetic patient in **13** (4.446–47K), who believes he is in Athens when he is actually in Rome (Galen writes τρισκαίδεκα . . . ἡμέραις οἶδά τινα παραπαίσαντα, "I know someone who was delirious for thirteen days"). Another interesting case is that of the farmer who lived past age 100; here Galen uses ἔγνωμεν, "I/we knew [aorist tense]," perhaps claiming more clearly that he knew the man personally (and by implication the other patients included in the list of examples that follows; **32,** 6.333–34K).

136. On these points, see Debru (1992, 85–86, 88–89).

137. Stories with "I know" in which Galen treated the patient: **81** (8.54K), ἐγὼ γοῦν οἶδα καὶ ψυχθέντων ἐπὶ πλεῖον τῶν παλινδρομούντων νεύρων ἐν χειρουργίᾳ τινὶ κατὰ τράχηλον ἐν χειμῶνι γενομένῃ κακωθεῖσαν τὴν φωνὴν, ὡς ὀλίγου δεῖν ἀπολέσθαι, καὶ συνιέντες γε τοῦτ᾽ αὐτὸ θερμαίνουσι φαρμάκοις αὐτὴν ἀνεκαλεσάμεθα. . . . (A literal translation of this passage would read: "I myself know that [i.e. I myself know a case in which], when the recurrent nerves were chilled drastically in a surgical operation on the neck that occurred in winter, the voice was so damaged that it was almost lost. And when I/we realized this we heated it with warming drugs . . ."); compare **348** (108 Iskandar), which is probably about the same case. Similar examples are **52** (6.471K), a patient with stomach problems; **141–42** (8.410K), where Galen tells two stories without any indication of how he knows them, then goes on to suggest that he diagnosed the patients himself; also **167** (10.452–53K), a patient with a broken forehead who survived many years after Galen treated him; **225** (11.859K), **226** (11.866K), **338** (19.2–3K), **346–47** (106 Iskandar). **170** (10.504K) is instructive: καὶ ἐγὼ πρῶτον μὲν ἁπάντων οἶδά τινα θεασάμενος ἅμα τοῖς διδασκάλοις ἄνδρα ("And I know a man, having observed him before all others together with my teachers"); see also **201** (10.970K), οἶδα γοῦν ἐγώ τινα τῶν ὑπ᾽ ἐμοῦ θεραπευθέντων ("I myself know one of those treated by me"); **251** (13.583K), ἐμαυτὸν οἶδα . . . ἐπιθέντα ("I know that I applied"). For the emphatic use of the pronoun, see e.g. **57** (6.656K); **100** (8.165K); **188** (10.705K); **269** (14.251–52K).

138. ὀνειρώττειν, see Liddell and Scott ad verbum II.

139. διήγησις: *Diff. resp.* 2.5 (7.840K); *Hipp. 3 epid.* 2.4 (17A.600K), 3.1 (17A.649K), 3.71 (17A.732K), 3.73 (17A.751K); *Hipp. aph.* 31 (18A.131K). ἱστορία: *Hipp. 3 epid.* 2.5 (17A.616K). γράφω and προγράφω: *Com. Hipp.* 1 (7.645K); *Diff. resp.* 2.2 (7.828K), 2.5 (7.842K), 2.6 (7.847K), 2.7 (7.850K), 2.8 (7.855 and 861K), 2.9 (7.869K), 2.10 (7.871 and 874K), 3.12 (7.955 and 956K); *Dieb. decret.* 1.13 (9.839K), 2.4 (9.854 and 857K), 2.5 (9.866 and 867K); *Ven. sect. Eras. Rom.* 1 (11.193K), 3 (11.199K); *Hipp. prorrhet.* 1.4 (16.514K), 1.15 (16.549 and 550K), 1.35 (16.586K), 3.101 (16.724K), 3.127 (16.783K); *Hipp. 1 epid.* 3.2 (17A.223K), 3.4 (17A.270K); *Hipp. 3 epid.* 1.13 (17A.561K), 2 *praef.* (17A.584K), 2.5 (17A.617K), 3.71 (17A.736K), 3.79 (17A.770K). ἀναγράφω: *Hipp. 3 epid.* 3.72 (17A.745K). ἀναγιγνώσκω: *Dieb. decret.* 2.5 (9.866K); *Hipp. 3 epid.* 3.76 (17A.763K). ἐξηγέομαι and ἐξήγησις: *Diff. resp.* 2.8 (7.861K); *Hipp. 3 epid.* 1.13 (17A.561K), 2 *praef.* (17A.584K), 2.8 (17A.639, 640K). "The beginning of a patient": *Hipp. 3 epid.* 2.7 (17A.632K). "Patient" in all these examples is ἄῤῥωστος.

140. διηγήσομαι . . . ἄῤῥωστον, **184** (10.671K) and for other uses of the same verb in a similar context see **5** (2.632K), **96** (8.132K), **170** (10.504K), **277** (14.630K), **351** (75 Deichgräber); he also uses the noun διήγησις to signify a case history, **56** (6.601K), **172** (10.537K), **182** (10.612K).

Patients also "narrate" their own stories; see chapter 4, section on "The Patient's Perspective," e.g., passage 4.O. For ὁ προγεγραμμένος ἄρρωστος, **68** (7.363K) and **187** (10.688K).

141. A good survey of Galen's epistemological stance is Frede (1981); for references to passages where Galen prefers the evidence of experience, see p. 82. Frede argues that Galen differed from the rationalists in claiming that some kinds of legitimate medical knowledge might derive from experience alone; also he criticized the rationalists as being insufficiently skilled in their own logical techniques and insisting on flawed conclusions that contradict the evidence of experience. On Galen's methods of logical demonstration and their strengths and weaknesses, see Lloyd (1996).

142. E.g., *Usu resp.* 4 (4.495K, ἀπόδειξις ἐπὶ πολλῶν ἀρρώστων); *Febr. diff.* 1.9 (7.311K, εἴ τις ἡμῖν ἐπ᾽ ἀρρώστων συμπαρεγένετο, τὴν τῶν βιβλίων θεωρίαν ἔργῳ διαδεικνυμένοις); *Syn. puls.* 17 (9.477K, πάνυ πολλάκις ἐπὶ τῶν ἀρρώστων ὁρᾶται); *Meth. med.* 8.7 (10.499K, ἀναμνήσθητι γὰρ ὧν ἐπί τε τῶν ἀρρώστων ἐθεάσω); *Hipp. Prorrhet.* 2.55 (16.633K, ἅπερ ἀληθῶς οἶδα γιγνόμενά τε καὶ φαινόμενα κατὰ τοὺς ἀρρώστου); ibid., 3.108 (16.746K, τοῦτο δ᾽ ὅτι μὲν ἀληθές ἐστιν, οἱ πολλοὺς ἀρρώστους τεθεαμένοι ἐπιμελῶς γινώσκουσιν); *Hipp. 1 epid.* 3.107 (17A.249, οὗ διὰ παντὸς ἐπειράθημεν ἐπὶ τῶν ἀρρώστων).

143. **182** (10.608–9K). For other epistemological statements in case histories or in close connection with them see **55** (6.598K), **160** (10.368K), **184** (10.671K), **227** (12.271K), **309** (17B.81K), **327** (18A.45–6K), **339** (19.4K= **304,** 209 Wenkebach and Pfaff), **351** (75 Deichgräber) and **352.** Two passages in *On matters of health* introduce case histories to prove the point that experience alone is an inadequate basis for sound medical practice: **32** (6.343K) and **38** (6.365–66, 371K). I have emphasized above that case histories are not only written phenomena but might be introduced also in oral argument: thus in *On the affected parts* Galen interrogates an audience of fellow physicians and elicits a story from one of them that contradicts received ideas about paralysis and loss of sensation (**84,** 8.59K); Galen argues with his Empiric teacher by introducing a string of case histories (**69–72,** 7.558–59K); Galen consoles patients anxious about their symptoms by telling them about other cases (**73,** 7.635–36K; **353,** 77–78 Deichgräber = **236,** 12.314–15K).

144. "Clarity" (σαφήνεια), **161** (10.368K), **172** (10.536K); "example" (παράδειγμα), **165** (10.398K), **172** (10.536K), **182** (10.608K), **187** (10.688K), **206** (11.27K), **351** (75 Deichgräber); "reminder" (ὑπόμνημα), **206** (11.27K).

145. See, e.g., his statements at **55** (6.598K), **159** (10.366K), **184** (10.671K), **227** (12.271K), **240** (12.384K), **242** (12.906K), **243** (13.390K), **244** (13.403K), **248** (13.575K), **327** (18A.45–49K).

146. One of the most notable and obvious instances of a story told twice is that of Maryllus' slave (**5,** 2.632–33K and **25,** 5.181–82K; for the completion of the latter version from Arabic sources, see de Lacy's edition of *Plac. Hipp. Plat.,* 72–74). While the two versions do not exactly contradict one another, they are told quite differently with almost no overlap in language or content. Similarly, the stories of a woman suffering from fever in **67** (7.328K) and **155** (9.675–77K) probably refer to different aspects of the same case, though they mildly contradict one another on the subject of when Galen successfully diagnosed the problem. Also two versions of a story survive about a youth whose nasal hemorrhage Galen predicts, drawing scorn from the other doctors present; one is attested only in Arabic, complicating any linguistic analysis, but this version is much shorter and Galen's account of his own speeches is also mildly contradic-

tory (**284,** 14.665–69K and **342,** 62 Iskandar). The case of Diodorus the Grammarian, who suffers epileptic fits when he fasts for too long and survives in good health for twenty years on Galen's prescribed regimen, occurs three times, in (a) **49** (6.448–49K), (b) **130** (8.340K), (c) **216** (11.242K). Here there are a few linguistic echoes but no repetition of phrases or passages: (a) ὅταν ἐπὶ πλεῖον ἄσιτος διαμείνῃ, (b) ἢ ἐπιπλέον ἠσίτησεν, (c) εἴ . . . ἐπιπλέον ἄσιτος διετέλεσεν is the only one that occurs in all three; also noteworthy is (b) τρίτης δ᾽ ὥρας ἢ τετάρτης ἄρτον . . . προσφέρεσθαι and (c) περὶ τρίτην ὥραν ἢ τετάρτην ἄρτον . . . προσλαμβάνειν; (c) τούτῳ χρώμενος ἐτῶν ἤδη πολλῶν ὑγίαιε, (b) ἔτεσιν . . . οις ἐπεβίω πλέοσι τῶν εἴκοσι, ὑγιαίνων; (c) ἀναγκασθεὶς ἐπὶ τῆς ἀγορᾶς . . . ἄσιτος διατρῖψαι, (b) ὑπὸ περιστάσεως πραγμάτων ἄσιτος ἠναγκάσθη διατεθῆναι. The most detailed version of the story is that in *On the affected parts* but the only one in which Diodorus is named is that in *On venesection against the Erasistrateans in Rome.* Similar linguistic echoes, but not exact coincidences of phrasing, occur in the story of Pausanias (told four times: **3,** 2.343–44K; **84,** 8.56–59K; **110,** 8.213–14K; and in Arabic, **347,** 106–8 Iskandar); and in the case of the widow suffering from uterine problems, where Galen does not claim firsthand knowledge (**16,** 4.598K; **146,** 8.420K).

147. **351–55** (75–79 Deichgräber), **234–38** (11.312–15K).

148. For synthetic overviews of autobiographical memory see Brewer (1996) and Thompson et al. (1996). On terminology, Brewer (1996, 32–34). On time, see Larsen, Thompson, and Hansen (1996); Thompson et al. (1996). Though errors are common, the subjects of these studies overall were able to locate events in time with reasonable accuracy. On transposition, Brewer (1996). On false memories, there is a large literature, especially regarding sexual abuse in childhood. See e.g. Belli and Loftus (1996).

149. Diary studies: e.g., Thompson et al. (1996). "Fiction in history," see Ricoeur (1981).

150. See the collections edited by Neissner and Fivush (1994) and Brockmeier and Carbaugh (2001); also the influential works of Spence (1982) and Freeman (1993).

151. Bruner (2001).

152. White (1987).

153. Milk, **159** (10.363–66K) and **169** (10.472–73K, including human milk); bathing, **169** (10.472–74K); experience, **182** (10.608–9K); plaster, **199** (10.911–12K); liver therapy, **199** (10.912–14K); pulse, **285** (14.670–71K).

154. Patients, however, may be well developed as characters even where Galen's descriptions of them are economical; see chapter 4. While my understanding of narrative is influenced by the introductory work of Bal (1997), I use only a few simplified concepts from narratology, those that seem best suited to advance the historical aims of this book. I am not using the term "actor" or any other word in a technical narratological sense.

155. Stories lacking a clear resolution: E.g., **44** (6.434–35K, the Campanian), **67** (7.328–29K), **76** (8.4K, the Mytilenian), **113** (8.254–55, Secundus), **132** (8.356–57K, Stesianus), **168** (10.453–54K), **186–87** (10.687–88, 691–92K), **198** (10.871K), **200** (10.929K), **204** (10.995–96K). Stories that are interrupted and then resumed include **102** (8.194, 198K, an epileptic boy whose convulsions begin at the shinbone), **159** (10.360–63, 366K, a youth suffering from plague), **169** (10.468–69, 472, 474, 479K, an excessively dry patient), **172** and **180** (10.535–41, 558, 562–63K, a patient with thickened skin), **247** (13.574, 576–77K). A few stories are told once, then begun again from the start or from some point in the middle, as if Galen had changed his mind about what to re-

late in the course of writing: **119** (8.258–59K), **172** (10.535–42K), **184** (10.671–78K), **187** (10.687–88K), **206** (11.26–29K). Stories that seem to trail off, beginning as a case history and ending as something else include **99** (8.147K, a patient with memory loss); **191** (10.792–93K, a patient with phlegmatic liver); **358** (20–1 Meyerhof and Schacht, a patient with fever).

156. My word "structure" here corresponds loosely with what narratologists would call "fabula."

Two • Place and Time

1. LiDonnici (1995, 55–60).

2. *Hipp. 6 epid.* 2.47 (17A.999–1000K), 4.8 (17B.140K). *Hipp. aer.* survives in Hebrew.

3. Stories taking place in Pergamum or Asia: **24** (5.119K), **74** (7.636K), **96** (8.132K), **102–103** (8.194K, παρ᾽ ἡμῖν), **157** (10.334–35K, παρ᾽ ἡμῖν), and the folksy stories in **234–35** (12.312–14K) and **352–53** (75–76 Deichgräber). Several stories involve cures by Asclepius; they may imply a setting at the famous temple in Pergamum and sometimes explicitly state that they take place there: **62** (6.869K), **219** (11.315K), **238** (12.315K) and **355** (78–79 Deichgräber). μειράκιον ὤν, **102** (8.194K); ἔθ᾽ ὑπὸ τοῖς ἐκεῖ διδασκάλοις παιδευόμενος, **333** (18A.347K; this story takes place in Smyrna). On Galen's identity as an Asian Greek (not a Roman), see e.g. Nutton (1995, 365–66; 2004, 227–28); Swain (1996, 377–78).

4. **272** (14.622K); cf. Swain (1996, 362).

5. **110** (8.213–14K, Pausanias is treated shortly after his arrival in Rome from Syria), **111** (8.226K, the delirious glassmaker), **127** (8.293–96K, Antipater), **133** (8.361–66K, Glaucon's friend), **159** (10.360–63K, plague victim), **161** (10.368–71K, an aristocratic woman), **172** (10.535–42K, the patient who bathed in mineral baths and became ill after returning to the city), **205** (10.1007–8K, an aristocratic woman), **217** (11.299–302K, a suburban patient), **311** (17B.151K, an anecdote about Quintus), **327** (18A.45–49K, a youth with eye inflammation), **341** (60 Iskandar).

6. Smyrna: **10** (3.664K) and **326** (18A.29K; these are probably the same case), **333** (18A.347 and 350–51K). Alexandria: **54** (6.539K), **73** (7.635–36K), **105** (8.197–98K). Campania: **44** (6.434K). Mytilene: **76** (8.4K). Athens: **20** (5.18–20K). Alexandria/Pergamum: **242** (12.905–6K). On Galen's house in Campania, see chap. 1, n. 10.

7. Fight: **184** (10.671–72K). Marcus in gymnasium: **41** (6.406K). Galen in gymnasium: **59** (6.757K). "Gymnastic" patients: **182** (10.608K), **240** (12.384K).

8. **199** (10.909–10K); for conclusive identification with the Baths of Trajan, see Schöne (1917).

9. On the widespread prevalence of baths and bathing in Italy, see Fagan (1999, esp. chap. 2, and appendices 1–2); on villages see p. 53. A famous statistic from the *Notitia urbis regionum*—an ancient catalog of the city—notes 11 *thermae* (or large multipurpose bathing complexes) and 856 *balnea* (Fagan 1999, n. 8). For clear or likely references to public baths and bathing in the case histories, see **127** (8.293K), **161** (10.369K), **172** (10.536K), **248** (13.574K), **272** (14.606K), **335** (18B.6–7K). These references are unilluminating about the conditions in public baths except that patients may faint because of the use of "bad wood," perhaps a reference to smokiness (**322,** 17B.540K; cf. Fagan 1999, 186–87). For architecturally sophisticated βαλανεῖα, see **30** (6.332–33K, 143 Koch), where Antiochus the physician exercises in a "public βαλανεῖον"; in **40** (6.371K),

Premigenes of Mytilene walks in the stoa of a βαλανεῖον; cf. **50–51** (6.471K), "the exercises (γυμνάσια) before (or in front of) the βαλανεῖον." Βαλανεῖα may also be private facilities in wealthy houses: **169** (10.472–73K), **279** (14.638K), **280** (14.643K), **283** (14.662K).

10. **182** (10.608K). On wrestling and παλαίστραι, see e.g. Katzoff (1986) and Stephen Miller (2004), chap. 11. For further discussion of Galen's views on athletics, see chapter 4, "The Patient's Lifestyle." Stories about wrestling injuries: **5** (2.632K), **333** (18A.348, 350–51K), **334** (18A.401–4K).

11. See Fagan (1999), 82–83, and chap. 2).

12. On παλαίστραί and γυμνάσια, see Stephen Miller (2004, chap. 11) and König (2005, chap. 2). The most thorough study of ancient γυμνάσια is still Delorme (1960), but he barely discusses the Roman period.

13. On athletic competition (at a proliferating number of Greek-style religious festivals throughout the east) and Hellenic elite identity, see Pleket (1974, esp. 71–79 on the Hellenistic and Roman period; he reviews much of the work of Louis Robert on this subject); Pleket (1975, 71–89); Spawforth (1989); Dickie (1993); van Nijf (1999, 2001, 2003); and Newby (2005, chap. 8). These studies contest the idea that the gymnasium declined in the Hellenistic and Roman periods or that athletics in these periods was mainly the province of professional athletes of low status (though the latter are also well attested).

14. For a brief assessment of the eastern gymnasium-baths, see Gros (1996, 1: 413–14). His comments are a good corrective to the scholarly tendency to assume that the new emphasis on bathing in gymnasia derived from Roman influence and represented a decline or corruption of the institution of the gymnasium (as Delorme 1960, 243–50). Nero's complex was later—like other imperial baths complexes—called *thermae* in Latin sources, from the Greek word for "hot springs," but Galen and other Greek sources call them γυμνάσια or βαλανεῖα. See Richardson (1992) s.v. "Gymnasium Neronis"; "Thermae, Balineum, Lavacrum"; "Thermae Neronianae." On *thermae* vs. *balnea* in Latin sources, see Gros (1996, 1.388–90) and Fagan (1999, 15–19); the latter notes that some especially lavish private baths could be called *thermae.* These studies do not adequately address Greek terminology however. On athletics in Roman baths, see also Newby (2005, chap. 3), focusing mainly on the visual evidence.

15. **13** (4.446–48K); Pausanias 1.17.2.

16. *Libr. propr. praef.* (19.8–9K); Aul. Gell. 18.4.1. See Richardson (1992) s.v. *vicus Sandalarius.*

17. συντυχὼν γάρ μοι καθ᾽ ὁδόν.

18. κατὰ τύχην ἀπήντησάν μοι, διηγησάμενοί τε τὰ προγεγονότα καὶ τὰ παρόντα συμπτώματα. . . .

19. Pergamum: **157** (10.334–35K), **235** (12.312–14K) and **352** (75–76 Deichgräber); possibly **229** (12.272K). Story no. **242** (12.905–6K) takes place somewhere on the route between Alexandria and Pergamum. Poor diet: **53** (6.498–99K), **58** (6.686K), **101** (8.166K). Wounds, etc.: **105** (8.197K), **107** (8.198K), **226** (11.866K, a sickle wound), **251** (13.582–83K), **263** (13.633K). Galen's most famous discussion of the countryside is in *On the healthiness and unhealthiness of foods* and describes the devastating results of a widespread famine on the empire's peasant population (*Bon. mal. suc.* 1, 6.749–52K); his several treatises on foods are in fact a rich source for diet in rural areas (Garnsey 1988, 50–53 or 1999, 36–41; Nutton 1995a, 363).

20. Most of Galen's stories about peasants occur in his pharmacological works: *Simp. med.* (**226,** 11.866K; **228,** 12.271–72K; **229,** 12.272K; **231–32,** 12.298K; **239,** 12.322–23K), *Comp. med. loc.* (**241,** 12.466K) and *Comp. med. gen.* (**251,** 13.582–83K; **252,** 13.583K; **253,** 13.583–84K). On the drug

supply, see Nutton (1985a, 141–42). The drug trade in antiquity had negative moral associations with the luxury trade, and the valorization of simplicity may lie behind some of Galen's stories about peasants, though it is very difficult to detect; the stories are brief and have no overt moral themes. A related issue is Galen's different recipes for rich and poor patients in some pharmacological passages: *Meth. med.* 11.16 (10.791K); *Comp. med. loc.* 1.5 (12.457–58K), 6.2 (12.909K), 6.4 (12.923, 924K). These passages are not moralizing in tone, and Galen seems to approve of mixing expensive drugs to suit the tastes of wealthy patients, though it is not clear that he considers the expensive ingredients more effective than the cheap ones. However, the story **264–65** (16.636–38K) ridicules a wealthy man who only wants the most sumptuous, aromatic, and expensive remedies for his household and becomes upset when Galen cures his slaves with cheap, simple drugs. In this context, Galen writes that he has not made a practice of giving out expensive prescriptions to his poorer friends to try, "thinking that it would be better if the remedies were composed of easily acquired things."

21. Conditions left untreated: **231** (12.298K), **244** (13.402–3K), **328** (18A.49K). Peasants who treat themselves: a vinedresser who cuts off his finger after a snakebite in **107** (8.198K); a patient with colon pain who cinches himself and eats bread and garlic, **197** (10.865K). Another peasant treats others with dove-dung, imitating Galen, **263** (13.633K). Peasants who come to the city: a victim of a venomous bite, **105** (8.197K); probably the peasant who is bled annually by doctors in **157** (10.334–35K); and cf. *Hipp. off.* 2.7 (18B.744–45K, 15–7 Lyons), where patients journeying through the countryside may suffer injuries that cannot be correctly treated right away but will visit their doctors on returning to the city.

22. An exception is Galen's story about the faithless concubine, set in a rural household: **235** (12.313–14K) and **352** (75–76 Deichgräber). In **157** (10.334–35K), a peasant youth is treated by several doctors including teachers of Galen, but Galen does not explicitly locate this story in the countryside and in fact the youth is staying in "lodgings" (καταγωγή), most likely in the city.

23. **53** (6.498–99K). Galen treats peasants while traveling in **242** (12.905–6K), "When I first returned from Alexandria to my own country, I was traveling in the countryside and I discovered a certain gardener choking on swollen glands and tonsils"; and **251** (13.582–83K), which begins, "Since I have often encountered many wounds of the nerves while traveling, on a ship, in the field, or in the city but far from my own house, where no euphorbium medicine was at hand nor any vinegar medicine. . . ." Cf. also *Hipp. off.* 2.7 (18B.744–45K).

24. "Sometimes such things [goat excrement] are useful on a journey, or when hunting or staying in the country, when none of the better medicines is available, or when the peasant man is also hard-bodied, like an ass," *Simp. med.* 10.2.24 (12.299K). For Galen's house in Campania, see chap. 1, n. 10.

25. Galen's father: *Aliment. fac.* 1.37 (6.552–53K), **59** (6.755–56K; "farm-loving," 756K); and see Nutton (1995a, 363). Only the contrast between the studious life of Premigenes of Mytilene, a Peripatetic philosopher, and that of the busy, anonymous patient that follows in *San. tuend.* (**38–39,** 6.364–67, 371K) hints at this traditional Roman theme. But Galen does not clearly locate Premigenes in the countryside. Also, in this case the busy, urban patient's lifestyle is healthier; Premigenes' studious nature prevents him from sweating sufficiently. On the idea of σχολή in Galen, see Boudon (1994b). Though he sometimes associates lack of leisure with urban institutions such as holding civic office or the Roman custom of *salutatio,* he does not link leisure to the idea of the countryside. Galen refers to "visiting Campania" or "staying in Campania"

(ἐπιδημήσας . . . τῇ Καμπανίᾳ, **44,** 6.434K) and writes that he kept copies of his books there (περὶ ἀλυπίας 22–23). He hurried through Campania on his escape from Italy to Pergamum (*Praecog.* 9, 14.648–49K).

26. Mineral baths: **172** (10.538K). Hot and dry conditions: **172** (10.537–38, 539K), **184** (10.671–72K); cf. **328** (18A.49K). Pausanias: **3** (2.343–45K) and **110** (8.213–14K). Chilled in storm: **119** (8.258–59K). Sleepwalking: **12** (4.435–36K). Peasant food: **53** (6.498–99K). Lost luggage: **20** (5.18–20K). See also **13** (4.446–48K), where a delirious patient believes falsely that he exhausted himself on a journey from Megara to Athens.

27. Tabiae: **159** (10.363, 366K), **162** (10.372K). Asclepius: **238** (12.315K) and 355 (78–79) Deichgräber) cf. **62** (6.869K) and **219** (11.315K). Correspondence: *Loc. affect.* 4.2 (8.224K).

28. The exception that proves the rule is a slave who lives with his master in a "suburb" (προάστειον) of Rome, where Galen cannot visit frequently: **217** (11.299–300K); this patient comes to live with Galen for a few days. In another case, Protus the rhetor spends a day with Galen so that the latter can learn his habits to evaluate his problem more easily: **55** (6.598–600K). For the somewhat ambiguous evidence for patients living with doctors, see Harig (1971, 186–87), and for the evidence from houses in Pompeii, see n. 32 below.

29. Practitioners in baths: Fagan (1999, 90–93). Gymnastic trainers worked at *palaistrai* and Galen mentions them often: see *Thras. med. gymn.* with König (2005, 254–74) and e.g. the story of his own injury in **334** (18A.403–4K). Surgery at the baths: Fagan (1999, 90–91) and Künzl (1986), but the evidence is scant and mainly from frontier provinces. On hospitals, see Harig (1971, 188–95).

30. **356** (85 Deichgräber). It is unclear where the open-heart surgery of **5** (2.632–33K) and **25** (72–76 de Lacy) and the other surgical operations Galen mentions take place, though *Hipp. off.* 1.13 (18B.687–88, on protecting the modesty of female surgical patients) seems to imply a domestic setting. Galen specifically mentions visits to patients' houses in *Loc. affect.* **132** (8.356K, Stesianus), **133** (361–66K, Glaucon's friend), **152** (8.656K), **161** (10.368–71K), **169** (10.472–74K), **172** (10.535–42K), **182** (10.608–13K), **183** (10.613–15K), **184** (10.671–78K), **199** (10.909–16K), **217** (11.299–300K), **241** (12.466K), **250** (13.581–82K), **252** (13.583K), **253** (13.583–84K), **272** (14.605–24K, Galen visits Eudemus and other patients in the course of the same story), **276** (14.630–33K), **279** (14.635–41K), **280** (14.641–47K), **281** (14.651–57K), **282** (14.657–61K), **283** (14.661–65K), **284** (14.665–69K), **285** (14.670–73K), **311** (17B.151–52K), **343** (78–80 Iskandar); and house calls are implied in many other stories.

31. Arthritic patient: **227** (12.270–71K). "Of those who come to the door . . .": *Hipp. off.* 2.7 (18B.743–44K, 15 Lyons), using Lyons' translation from the Arabic, which adequately approximates the surviving Greek. See also ibid. 3.22 (18B.864K, 41 Lyons), "when he goes to the doctor with the affected part in some random position." The text is Galen's commentary on the Hippocratic work called *In the physician's office* [ἰατρεῖον]; it survives in Arabic translation and two late and somewhat defective Greek manuscripts, as well as fragments preserved in Oribasius (of which the treatise on bandages, published by Kühn as *De fasciis,* is one). For other patients who appear to visit Galen or another physician for therapy, see **52** (6.471K), **126** (8.292–93K), **131** (8.355K), **223** (11.341K), **241** (12.466K; in this story Galen visits the patient and the patient also visits Galen), **248** (13.574–75K), **257** (13.585–86K), **264–65** (13.636–38K, a master sends slaves to Galen), **347** (106–8 Iskandar), **348** (108 Iskandar). A somewhat ambiguous story, **256** (13.584–

85K) seems to take place entirely in Galen's house, where a member of his household treats a wounded patient when Galen is called away in a hurry (see passage 5.E).

32. E.g. Harig (1971), 185. For discussion of textual evidence for doctors' clinics in antiquity, see ibid. (1971, 182–86; Harig examines the evidence for ἰατρεῖα and *tabernae medicae;* he does not investigate ἐργασήριον). Almost all examples of the word ἰατρεῖον are from the fifth and fourth centuries BC, except for two from the Roman period, including an obscure reference in Galen: "the second kind [of light mentioned by Hippocrates is found] in large houses that have large doorways full of light, of the kind which even now are given to practicing doctors (ἰατροῖς) in many cities, and which are called ἰατρεῖα after them" (*Hipp. off.* 1.8, 18B.678K). Harig argues that doctors, like other craftsmen, normally lived in the houses in which their workshops were located.

Most known doctors' houses are in Pompeii, and they are identified by the presence of medical instruments and not by their floor plan, which is the same as that of other houses. Harig (1971) discusses this evidence on p. 187. Eschebach (1984) is a full survey of the evidence, and Bliquez (1998–99) is an in-depth discussion of the small finds in one house (the *Casa del Medico Nuovo II,* where a large number of surgical instruments were found in the atrium). Both scholars assume that doctors practiced in their houses, and Eschebach even suggests rooms for housing bedridden patients (p. 6) and waiting areas for patients (Eschebach's nos. 4 and 10). In general, they are multiroomed atrium houses; a few have peristyles and many have gardens, including pleasure gardens, kitchen gardens, and medical gardens in some cases (cf. ibid., 4–5). Some have shops attached—rooms near the entryway that open onto the street—which might be used for clinical purposes or for other purposes or rented out; Eschebach suggests a medicine-shop on one case (no. 7). A total of 18 doctors' houses are attested at Pompeii. Other medical sites suggested by scholars for Pompeii include a childbirth clinic (ibid., 3) and a sort of "emergency room" near the *palaestra* (ibid., 4). As always, the usage of rooms is difficult to prove archaeologically and all of these conclusions should be considered tentative; see the comments of Fagan (1999, 92 n. 32).

33. On "public" aspects of the Roman house, see the foundational discussion of Wallace-Hadrill (1994, chaps. 2–3); but also the cautionary discussion of Hales (2003, 36–39), who argues that access even to a house's "public" areas was restricted at most times of day (thus the abundant evidence for doormen), and that the concept of the truly public house in which anyone might wander in was more rhetoric than reality. On dining rooms, bedrooms, and baths vs. the "public" areas of a house, see Vitruvius 6.5. On baths in particular, note Hales (2003, 128), pointing to architectural features of some baths that echo public architecture; pp. 171–72, citing the description of his villa in a fifth-century source, Sidonius Apollinaris. On "service areas," Wallace-Hadrill (1994, 39–44); cf. Zanker (1998, 10–12); but Hales (2003, 124–25), points out the difficulty of identifying slaves' quarters and the ample evidence that many slaves slept in their masters' rooms (and this is attested in one of Galen's stories, **327,** 18A.49K). It seems that private baths, discussed below, were open to invited guests and do not belong in the "service" category.

34. Organizing crowds: cf. Wallace-Hadrill (1994, chaps. 2–3). Mini-city: see Hales (2003, 152–54, and 55–60) on the blurred boundaries between home or family and city.

35. **184** (10.676K, τὴν αὔλειον θύραν ἐκέλευσα κλεισθῆναι); cf. **13** (4.447K), where a patient tries to escape from his own home through the atrium doors.

36. For a collection of references to social activity in bedrooms, including imperial trials, see Wallace-Hadrill (1994, 17 n. 2).

37. For one patient, Galen prepares a "room near the baths; there are many of these, as you know, in the houses of the rich" (**169,** 10.472K) and bathes the patient there (ibid. 10.473K). The imperial palace of course has at least one set of private baths, in which the chamberlain Peitholaus bathes Commodus, **283** (14.662K). The case of Boethus' wife (**280,** 14.641–47K), in which a bathing scene is prominent, is discussed later in this section; Galen also mentions Boethus' baths in **279** (14.638K). He writes elsewhere that "I led [the patient] to the baths" or "I bathed" a patient: **161** (10.369K, a female patient), **162** (10.372K), **172** (10.536K), **184** (10.678K), **327** (18A.46K); cf. **335** (18B.6–7K).

38. On classical Athenian houses, see recently Nevett (1999). On women in public in the Roman East, see MacMullen (1980) and van Bremen (1996); on veiling in the Greco-Roman world, Llewelyn-Jones (2003). On seclusion in the house, see chap. 7 in Llewelyn-Jones (2003) (including the argument for the veil as "portable domestic space"); and note especially Plutarch, *Advice on marriage* 9 (*Moralia* 139C) and 48 (*Moralia* 145B); Dio Chrysostom, 7.140, 143–44; and Eusebius, *On the martyrs of Palestine* 4.15 (*Sources chrétiennes* 55, 136). In the second-century novel *Leucippe and Clitophon,* the women's θάλαμος is a suite with four rooms, in which the virgin, her mother, and the female servant sleep under lock and key (2.19). It is well known that Vitruvius still writes as though Greek houses contained "women's quarters" (6.7). Hales' chapter on the Greek house in the Roman period (2003, chap. 7) reports no archaeological evidence of segregation of this kind, but she discusses only one Greek house in detail. Women's lifestyle in Galen: *Usu part.* 11.14 (3.900K) and *Ven. sect. Eras.* 5 (11.164K). Thessalus: e.g. *Cris.* 2.3 (9.657K), *Meth. med.* 1.2 (10.10K).

39. On houses and Roman women, see Wallace-Hadrill (1994, 8–9); Hales (2003, 124–27). I am not completely convinced of this conclusion, but a full investigation of the evidence is beyond the scope of this project; I call attention only to a few points. MacMullen (1980) cites Valerius Maximus' story about the legendary Sulpicius Gallus, who divorced his wife for appearing in public without a veil (6.3.10); as MacMullen points out, this kind of moralizing about times past implicitly contrasts them with present conditions, but it is significant that Valerius associates veiling with an austere Roman past rather than a foreign culture. From the first century AD, Pliny the Younger's wife Calpurnia does not attend the readings he stages for friends but listens from behind a curtain (*Ep.* 4.19), suggesting that at least some "Roman" households adopted an ideal of seclusion for women; Llewelyn-Jones (2003, 194) shows that curtains were used in Greek houses to shield women from the view of visitors. Veils and veiling gestures are well attested in western sculpture, which, however, is at all times heavily influenced by Greek sculpture. Finally, the very extensive Christian discussion of the clothing and veiling of virgins—including Latin sources, especially Tertullian's *On the veiling of virgins*—suggests that pubescent and adult women wore veils in at least some western pagan populations, especially in Africa (for some discussion, see Clark 1993, 105–18, esp. 108–9, and MacMullen 1980, n. 4).

40. The story of Justus' wife, **276** (14.625–26, 630–33K); the story of Boethus' son Cyrillus, **279** (14.635–41K); the story of Boethus' wife, **280** (14.641–47K). On Justus' wife and Boethus' wife, see Gourevitch (1997, 249–55) and Flemming (2000, 263–66). On the story of Cyrillus, see Gourevitch (2001, 38–43); on all three stories, Schlange-Schöningen (2003, 167–72).

41. On Justus see Nutton (1979, 186–87).

42. On the Hellenistic fashion of wearing a fine veil over a heavier dress, attested in sculpture, see Llewelyn-Jones (2003, 146); for the veiling gesture in antiquity, ibid. (169–73). Bedclothes: **73** (7.635K), **172** (10.540K); cf. **112** (8.226K).

43. "Recently": **11** (4.191K), **50–51** (6.470K), **67** (7.328K), **104** (8.195K), **155** (9.675K), **164** (10.390K), **181** (10.581K), **221** (11.340K), **224** (11.432K), **335** (18B.6K). "Once" occurs in more than seventy stories.

44. Eudemus: **272** (14.605–6K). Thirtieth year: **333** (18A.347K). Emperor: *Anat. admin.* 1.1 (2.215K). For the timing of Galen's first visit to Rome, see Nutton (1984, 159) and Schlange-Schöningen (2003, 139–42). Marcus Aurelius' reign began in 161.

45. μειράκιον: **17** (5.16K), **53** (6.498K), **59** (6.756K), **102** (8.194K), **112** (8.226K), **69** (7.558K). ἔτι νεώτερος ὤν, **99** (8.147K) and cf. **234** (12.312K) and **218** (11.315K). Pelops and teachers: **326** (18A.29K), **347** (18A.347K). For other references to Galen's student days cf. *Anim. morb. dign.* 8 (5.41–43K); *Anim. pecc. dign.* 3 (5.70K); *Atra bile* 3 (5.112–13K); *Plac. Hipp. Plat.* 6.3 (5.527K); *Bon. mal. suc.* 1 (6.755–57K); *Elem. Hipp.* 1.6 (1.462–65K); *Meth. med.* 7.8 (10.504K), 8.3 (10.560–61K); *Libr. propr.* 2 (19.17K), 11 (19.43K); *Ord. libr. propr.* 4 (19.59K). Alexandria: **105** (8.197K) and **73** (7.635–36K, Galen's first autumn in Alexandria); see also "when I returned from Alexandria to my own country" (**242,** 12.905K). Nineteenth and twenty-eighth years: **28** (6.309K), **59** (6.755–57K); thirty-fifth, **334** (18A.401K). Patient survives twenty years: **130** (8.340K).

46. Mentioned in the story of Eudemus (**272,** 14.605K); and in the story of Glaucon's friend (**133,** 8.361K); see also **341** (60–62 Iskandar).

47. Eudemus (**272,** 14.605–24) is Galen's longest story, and it is mentioned more briefly and cryptically in **298** (17A.250). Galen mentions the same patient, though not the same illness, in **1** (1.631, 632K) and **287** (15.565, 567K). Pausanias' story is told four times: **3** (2.343–44K), **84** (8.56–59K), **110** (8.213–14K), **347** (106–8 Iskandar). Other patients mentioned several times are Diodorus the grammarian (**49,** 6.448–49K; **130,** 8.340–41K; **216,** 11.241–42K) and the wife of Justus. In the latter case, Galen was especially proud of having imitated a feat of Erasistratus: See no. **276** (14.625–26, 630–33K) for the main story with cross-references to two shorter versions.

48. The case history is **159** (10.360K): "At the beginning of this great plague (if only it would end!)" (i.e., the plague is still going as he writes). For other references to the plague, see *Praes. puls.* 3.3 (9.431K), 3.4 (9.357–58K; the plague was still raging as he wrote this treatise, 9.358K). Also *Simp. med.* 9.1.4 (12.189, 191K); *Ther. Pis.* 16 (14.280–81K); *Hipp. 3 epid.* 3.57 (17A.709K, "the very long plague of our time"), 3.72 (17A.737K); *Hipp. 6 epid.* 1.29 (17A.885K, again "the very long plague of our time"). References to the plague in conjunction with events from Galen's biography: *Libr. propr.* 1 (19.15K) and 2 (19.18K). For a full list of plague references and medical discussion, see Littman and Littman (1973). Documenting the widespread and devastating effects of the plague throughout the empire, Duncan-Jones (1996).

49. *Antid.* 1.1 (14.4K); *Praecog.* 9 (14.649–50K); *Libr. propr.* 2 (19.17–18K).

50. On dissecting dead barbarians: *Anat. admin.* 3.5 (3.385K) and *Comp. med. gen.* 3.2 (13.604K). Cf. **282** (14.657–61K), where the doctors who had accompanied Marcus on campaign also come off badly; they are unable to diagnose a problem that Galen has no trouble identifying, though he is less familiar with the patient. Productivity at Rome: *Praecog.* 9 (14.650–51K) and *Libr. propr.* 2 (19.19–20K).

51. *Antid.* 1.13 (14.64–65K) and *Praecog.* 9 (14.650K).

52. See *Hipp. aer.* 15r–18r (G.50b–p, 72–86 Wasserstein).

53. "Dog days," **172** (10.537K), **187** (10.688K); see also **329** (18A.79K, a patient who gets tertian fever every summer if he is not purged in the spring). Autumn: **156** (9.680K, a combination of three tertian fevers), **186–87** (10.687K, hectic fever), **206** (11.26–29, an "inexact" tertian fever); **273** (14.609K, a quartan fever). Spring and blood: **212** (11.190K); cf. **284** (14.666K). The story about the peasant is **157** (10.334–35K), "Something similar happened once to a peasant youth, when he wanted his vein to be cut in the springtime, which is for the most part the custom of the people in our region [i.e., local custom near Pergamum]." Black bile: **330** (18A.80K); this patient is purged in both spring and autumn. Galen becomes ill in late summer: **59** (6.755–57K). Winter and φλεγμονή: **250**. In *Febr. diff.* and *Cris.* Galen associates quotidian, tertian, and quartan fevers with phlegm, yellow bile, and black bile, respectively. One especially schematic passage links tertian fever to summer, hot and dry climate, bilious temperament, and the prime of life; quotidian fever with winter, phlegmatic natures, cold and wet climates, childhood and old age; and quartan fever with melancholic temperament, middle age (past the prime of life), autumn, and the qualities of dryness and cold (*Febr. diff.* 2.1, 7.333–36K). The case histories and their association of fevers with seasons support this theory loosely. On the Dog Star and falciparian malaria, see Sallares (2002, 62). On humoral theory and fever, cf. Pellegrin (1988, 118–20). For more discussion of fever, see chapter 5, section on "Fever."

54. As apparently in **201** (10.970K) and **255** (13.584K). In **234** (12.312–13K) = **351** (76 Deichgräber) the season is tied to the plot of the folkloric story rather than to medical ideology.

55. Equinoctal hours: **41** (6.406K), **42** (6.412K), **169** (10.479K); also in a few nonnarrative passages.

56. The major fever cases are **13** (4.446–48K), **68** (7.354–63K), **67** (7.328–29K), **73** (7.635–36K), **155** (9.675–77K), **156** (9.680–83K), **127** (8.293–96K, the somewhat atypical case of Antipater), **172** (10.535–42K) and its continuation **180** (10.558–59, 562–63K), **182–183** (10.608–15K), **184** (10.671–78K), **186** (10.687K), **187** (10.687–88, 91–92K), **206** (11.26–29K), **213** (11.190–91K), **272** (14.605–24K, Eudemus), **281** (14.651–57K, Sextus), **283** (14.661–65K, Commodus), **343** (78–80 Iskandar), **345** (94–98 Iskandar), **358** (20–21, 24 Meyerhof and Schacht). For false diagnoses of fever by others, cf. **282** (14.657–61K, Marcus Aurelius) and **279** (14.635–41K, Boethus' son Cyrillus). Galen's main theoretical treatise on fever is *On the differences in fevers* (*Febr, diff.*, 7.273–405K); but his treatises *On types* and *Against those who have written on types* (*Typ.*, 7.463–74K and *Typ. scrips.*, 7.475–512K, where "type" refers to the periodicity of attacks and remissions in disease), *On timing in diseases* (*Morb. temp.*, 7.406–39K), *On the timing of the whole disease* (*Tot. morb. temp.*, 7.440–62K) and *On crises* (*Cris.*, 9.550–768K) are largely or entirely about fever.

57. For debates over the terminology of fever, see the cases described in **68** (7.354K and 357–58K) and **358** (20–21 Meyerhof and Schacht); also **345** (94–98 Iskandar). Combinations of fevers: **68** (7.354–63K), **155** (9.675–77K), **156** (9.680–83K), **208** (11.40K), **345** (94–98 Iskandar). Eudemus has three quartan fevers: **272** (14.612, 613K); **298** (17A.250K). Sallares' history of malaria in Roman Italy (2002) includes a discussion of ancient medical terms for recurrent fever (chapter 1); however, where he implies a one-to-one correspondence between "semitertian fever," whose meaning was hotly debated, and the modern disease falciparian malaria, he may under-

estimate the degree to which literary tradition and theory, rather than observed reality, influenced ancient descriptions and diagnoses.

58. "Suspect hour": **182** (10.614K), **184** (10.673K), **191** (10.793K), **272** (14.606K), **283** (14.664K).

59. E.g. **68** (7.354K); **273** (14.609 and 624K); the case of Sextus and the anonymous patient with a visceral tumor, discussed in the next paragraph; also **345** (94–98 Iskandar), **358** (20–21 Meyerhof and Schacht). Predicting the fever's course is the main theme of the Eudemus case (**272,** 14.605–24K and **298,** 17A.250K).

60. Καιρός as opportune moment for therapy: **169** (10.473K), **184** (10.677K), **186** (10.687K), **191** (10.792–93K), **211** (11.188K), **272** (14.619K; Eudemus praises Galen for giving medicine at the right time, whereas his other doctors prescribed it at the wrong time, ἀκαιρός); and **335** (18B.6K). Normally καιρός has the more neutral meaning of "time" (as in time of day); in this sense, it often refers to the time of a paroxysmal attack: **68** (7.358–59K), **153** (9.218K), **184** (10.674K).

61. Stories featuring the διάτριτος are **172** and its continuation, **180** (10.535–42, 558–60, 562–63K), **181** (10.581–83K), **184** (10.671–78K), **213** (11.190–91K), **283** (14.661–65K).

62. **281** (14.651–57K), **343** (78–80 Iskandar).

63. Sweating: **358** (21 Meyerhof and Schacht). Sweating and bleeding: **13** (4.447–48K). Vomiting and excreting bilious feces and urine: **68** (7.361K). Sweating and evacuation of bowels: ibid. 362K. Bleeding: **213** (11.190–91K, a female patient with amenorrhea), **341** (60–62 Iskandar). Evacuation of bowels: **272** (14.617–18K, the Eudemus case, with discussion of the theory of "coction" and crisis). Inducing crisis: **343** (78–80 Iskandar). See also the story of Premigenes and those that follow it, **38–40** (6.364–68K) and **134–135** (8.374–75K). Gradual decline without crisis: e.g. **184** (10.671–78K), **206** (11.26–29K).

64. **68** (7.354–63K). For two similar stories see **155** (9.675–77K) and **156** (9.680–83K).

65. Kee (1986, 1). There is a vast literature on the central importance of miracles, including healing miracles, in early Christianity. Perhaps the most important works in English are Kee (1983) and MacMullen (1984). On healing in the *Acts of Peter* see Perkins (1995, chap. 5).

Three • The Contest

1. On contests at festivals, see Miller (2004, 82–86, chap. 7); Schmitz (1997, 110–11); Larmour (1999, chap. 1 and appendices 1–3). For athletics and Greek elite identity, see references in chapter 2, n. 13. For the medical contests, *Inschriften von Ephesos* (Wankel 1979–84), nos. 1161–69.

2. On anatomy, see chapter 1, "Galen and Greek Culture." On the Erasistratean treatise, see chapter 1, passage B.

3. Chapter 1, passage D. A good introduction to the vocabulary and ideology of athletics is Pleket (1975). On agonistic language in rhetoric and especially the concept of φιλοτιμία, see Schmitz (1997, chap. 4). Disparaging athletics: e.g. Connolly (2003, 291–301) and further discussion in chap. 4, "The Patient's Lifestyle." On the well-rounded aristocrat, see especially van Nijf (2003). On ἀνδρεία or manliness: e.g. Gleason (1995), Connolly (2003, 301–16), and van Nijf (2003). I do not attempt to define masculinity—a subject that arises only obliquely in Galen—but I have tried, here and there throughout this book, to point out ideas that have a connection with maleness and comment on the nature of the connection. On ἄσκησις, Gleason (1995, chap. 4) and van Nijf (2003, 276–83). The reference in Plutarch is *Moralia* 130A–B.

4. "Debating and disputing," **341** (60 Iskandar, tr. Iskandar); "disputing" also **344** (86 Iskandar). οὐ βουλόμενος ἀμιλλᾶσθαι διὰ λόγων αὐτοῖς, **272** (14.609K). Story of "gymnastic" youth: **184** (10.671–78K). Φιλόνεικος, of doctors: **221** (11.340K); **282** (14.660K). Φιλόνεικος, of patients: a deceptive patient whom Galen confronts about disobeying his orders is described as φιλόνεικος in **153** (9.219K); another disobedient patient who is determined to prove Galen wrong—the aristocratic Sextus—merits the same adjective in **281** (14.652K). Γαληνόν, ἔφη, τοῦτον ἴσθι μὴ λόγοις, ἀλλ᾽ ἔργοις ὑμῖν τοῖς μεθοδικοῖς πολεμεῖν, **283** (14.663K). For the verb κρατέω, see **182** (10.611K); also **170** (10.505K), "the opinion of those who thought he should bathe prevailed."

5. Esp. **170** (10.504–6K); and cf. **102–103** (8.194–95, 198K).

6. Οἱ ἐπισκοπούμενοι αὐτὸν ἰατροί, **182** (10.611K). οἱ ἰατροί or οἱ ἄλλοι ἰατροί: **5** (2.632K), **80** (8.50K), **84** (8.56, 58K), **110** (8.213K), **119** (8.258K), **169** (10.472K), **172** (10.538, 539, 540K), **180** (10.558K), **187** (10.688K), **221** (11.340K). "The doctors in Campania": **44** (6.434K). οἱ παρόντες: **182** (10.610K and 612K). Ἄλλοι πάντες οἱ παρόντες: **272** (14.607K). πάντες: **156** (9.683K). ἅπαντες οἱ ἐπισκοπούμενοι ἰατροί: **67** (7.329K). In these stories, Galen plays a role similar to that of an actor addressing a chorus, or an individual runner who defeats a field of competitors; cf. Larmour (1999, 28–34).

7. οἱ συνήθεις ἰατροί: **272** (14.608K). οἱ κατὰ τὴν αὐλὴν ἰατροί: **274** (14.625K). ὁ τῆς οἰκίας τοῦ πλουσίου προιστάμενος ἰατρός: **217** (11.299K). οἱ πλείους τῶν ἐπισκεπτομένων ἰατρῶν: **132** (8.356K).

8. See **157** (10.334–35K), **163** (10.381–82K), **165** (10.398–401K), **199** (10.909–16K), **200** (10.929K), **203** (10.971K), **217** (11.299–302K), **224** (11.432–33K), **261** (13.605–7K), **272** (14.613–16, 619–20K), **288** (15.698–99K), **290** (15.913K), **295** (16.623–24K), **327** (18A.45–49K), **345** (94–98 Iskandar; here the rival is a layman). In these stories, Galen is like a competitor in wrestling or other one-on-one sports; cf. Larmour (1999), 28–34.

9. Stories in which Galen judges (as narrator) but plays no direct role: **6** (2.634K), **164** (10.390K), **208** (11.40K), **233** (12.307K), **335** (18B.6–7K). Patient humiliates or defeats physician: **4** (2.395–96K), **181** (10.581–83K), **221** (11.340K). Attalus: **199** (10.909–16K). Martianus and Antigenes: **272** (14.613–16, 619–20K).

10. "Thessalian": e.g. **158** (10.353K), **163** (10.381K), **164** (10.390K), **199** (10.915K). "Erasistrateans": see the cases in **211–13** (11.187–91K) and **217** (11.299–302K). "One of those [followers] of Athenaeus" [sc. Athenaeus of Attaleia, a Pneumatist]: **200** (10.929K). ἰατροὶ τῆς διατρίτου, **184** (10.673K); οἱ διατριτάριοι ἰατροί, **181** (10.582K); and see **172** (10.536K) and **180** (10.558–59K).

11. λῃσταί: **272** (14.622K). μοχθηροί: **272** (14.623K). φλυαρία: **180** (10.559K). γλωσσαλγία: **184** (10.676K). ὁ Θεσσάλειος ὄνος: **158** (10.353K) and **199** (10.915K). ἀμαθία: **184** (10.676K), **199** (10.915K), **272** (14.624K); ἀμαθεῖς, **279** (14.635K). ἀγνοία: **82** (8.55K). ἀναισθησία: **158** (10.353K), **184** (10.676K). κακοηθεία: **279** (14.641K), **281** (14.656K), **282** (14.660K). ἀλαζονία: **199** (10.916K). ἀναισχυντία: **158** (10.353K). ἀνοία: **4** (2.395K). φιλονεικία: **184** (10.675K), **282** (14.660K). οἱ χωρὶς λόγου θεραπεύοντες: **169** (10.468K). οἱ εἰθίσμενοι ἄνευ μεθόδου διαιτᾶν: **187** (10.691–92K). οἱ τῆς φλεβοτομίας ἐχθροί: **213** (11.190K). αἱμοφόβος: **217** (11.302K). οἱ θαυμασιώτατοι ἰατροί: **169** (10.469K). σοφώτατοι: **158** (10.352K). ὁ εὐτράπελος: **181** (10.582K).

12. πολλοὶ εὐδόκιμοι ἰατροί: **152** (8.656K). τῶν οὐκ ἀφανῶν τινες ἰατρῶν: **172** (10.536K). οἱ ἄριστοι τῶν κατὰ τὴν πόλιν ἰατρῶν: **272** (14.609K). οἱ εὐδοκιμοῦντες ἰατρῶν ἐν τῇ Ῥω-

μαίων πόλει: **272** (14.621K). οἱ εὐδοκιμώτατοι: **275** (14.625K). οἱ ἀξιόλογοι ἰατροί: **280** (14.641K). τῶν ὀφθαλμικῶν ἰατρῶν τις τῶν τότε ὄντων ἐν Ῥώμῃ ὁ δοκιμώτατος: **327** (18A.47K).

13. ἐν τῷ μέσῳ, **184** (10.676K); cf. *Purg. med. fac.* 2 (11.329K) and *Nomin. med.* 92v (18 Meyerhof and Schacht).

14. Cattle call: **5** (2.632K, the Maryllus case), **272** (14.609K, Eudemus), **280** (14.641K, Boethus' wife), **327** (18A.47K), **349** (120 Iskandar). Some conference consultations are not agonistic in character: **102** (8.194, 198K).

15. E.g. **132** (8.356–57K), **217** (11.299K), **257** (13.585K), **327** (18A.46–47K).

16. Galen arrives at different times or after the other physicians have left: **172** (10.537, 538K), **184** (10.673K). Avoids offering an opinion or stays silent: **211** (11.188–89K), **272** (14.606K), **282** (14.658K), **349** (120 Iskandar).

17. Interrogation: **84** (8.56K), **158** (10.353–54K), **165** (10.398–401K), **261** (13.605–7K), **358** (20 Meyerhof and Schacht). Public debates: see chap. 1, section on "Galen and Greek Culture."

18. Rivals laugh or express skepticism: **281** (14.656K), **284** (14.668K), **288** (15.698–99K), **295** (16.623–24K), **342** (62 Iskandar), **345** (94, 96 Iskandar); cf. **343** (80 Iskandar), where one of the patient's relatives challenges Galen's diagnosis. Galen laughs: **172** (10.539, 540K). A patient laughs at his own Methodist doctor in **181** (10.581–82K); the patient's household laughs at the mouse-dung prescription of an incompetent physician in **233** (12.307K).

19. Galen's enemies begin mocking him when it appears that his predictions are proved false: **272** (14.615K), **281** (14.656K). Galen accuses defeated rivals of jealousy: **222** (11.340K), **272** (14.614, 619–24K), **281** (14.655K), **283** (14.664K), **341** (60–62 Iskandar), **345** (98 Iskandar). Story about Attalus: **199** (10.909–16K).

20. **84** (8.58K), **348** (108 Iskandar); cf. **3** (2.343–45K), **110** (8.213–14K).

21. The theme of words vs. deeds is a pervasive one; e.g. **183** (10.609K), **272** (14.605K), **283** (14.664K), *Purg. med. fac.* 2 (11.328K); cf. **356** (85 Deichgräber).

22. *Praesag. puls.* 1.4 (9.250K), *Hipp. 6 epid.* 2.47 (17A.998–99K).

23. **276** (631–33K), **336** (18B.40K).

24. **153** (9.218–20K), **276** (14.632–33K), **279** (14.637–40K); cf. *Praes. puls.* 1.4 (9.250K).

25. **67** (7.329K), **184** (10.674K).

26. Galen predicts disease events: e.g. **152** (8.656K), **272** (14.609, 611–12, 614, 624K), **281** (14.652, 654–56K), **284** (14.667–68K), **341** (60–62 Iskandar), **343** (78–80 Iskandar), **345** (96 Iskandar); cf. *Meth. med. Glauc.* 1.16 (11.67–68K), *Hipp. 6 epid.* 1.15 (17A.861K). Soothsayer and prophet: **272** (14.615K, 618–19K), **279** (14.637–39K), **281** (14.655K), **298** (17A.250K). Spectators or addressees as witnesses of predictions: e.g. **272** (14.607–8, 614, 618K), **279** (14.638K).

27. Longer speeches include **158** (10.353–55K), **199** (10.910–12K), **261** (13.606–7K); cf. *Ven. sect. Eras. Rom.* 1 (11.191–93K), where Galen reports both sides of a dispute that begins by the bedside of a female patient.

28. Notably **163** (10.381–82K), **199** (10.909–16K), **211** (11.187–90K).

29. Hippocrates: see esp. **284** (14.669K), **343** (78–80 Iskandar), **358** (20 Meyerhof and Schacht). Epigrammatic responses: **152** (8.656K), **285** (14.672K).

30. καὶ οὕτως συνέβη, καθάπερ ἐδόκει τοῖς ὁρῶσι, θαυμάσιόν τε καὶ παράδοξον, οἱ τῆς χειρὸς δάκτυλοι διὰ τῶν ἐπιτιθεμένων τῇ ῥάχει φαρμάκων θεραπευόμενοι (**84,** 8.58K).

31. ὁ μὲν Εὔδημος ἐθαύμαζέ τε καὶ τοῖς ἐπισκοπουμένοις αὐτὸν ἅπασιν ἐδήλου τὰς ἐμὰς προρρήσεις (**272,** 14.612K).

32. **272** (14.608, 612, 618–19, 624K).

33. **282** (14.658, 659, 660K). For the formula πρῶτος καὶ μόνος, which occurs commonly in agonistic inscriptions of the Roman period, see Moretti (1953, 38, 152).

34. For Peitholaus, see esp. **281** (14.655K) and **283** (14.661–65K).

35. One other story that mentions "gifts" also links them to praise: "when the medicines worked beyond all hope first he praised me, as one who had had generously given him prescriptions; then he followed up with gifts," **264** (13.638K).

36. **233** (12.307K); see also **172** (10.539K) and **181** (10.581–82K), where both the patient himself and, apparently, everyone in the room laughs at the prescriptions of a Methodist doctor; also **199** (10.914–15K), where Galen's statement "the Thessalian ass won such a reputation" is ironic.

37. The addressee was apparently present at the events described in **172** (10.536–37K and 537–42K) and the seven cases described briefly in **173–79** (10.550–51K); also **182** (10.608–13K), **191** (10.792–93K), **194** (10.856–58K), **272** (14.605–24K, the Eudemus case), **279** (14.635–41, the Cyrillus case), **284** (14.655–59K). "As you know" may imply that the addressee has seen the events, as in **185** (10.682K), **186** (10.687K), **273** (14.609K), **285** (14.670–73K). Cf. **340** (58 Iskandar), where his entire audience "knows" the story he will proceed to tell, either by autopsy or having heard it. The addressee has witnessed similar demonstrations or pronouncements in **132** (8.357K), **133** (8.362K), **172** (10.535–37K) and **180** (10.559–60K), **185** (10.682K), **194** (10.856K), **240** (12.384–85K), **280** (14.641K). In **20** (5.18K), Galen reminds the addressee that he has told him the story that follows many times.

38. "You know": **132** (8.357K), **133** (8.362K), **172** (10.539K), **185** (10.682K), **186** (10.687K), **272** (14.609K twice, 611K, 613K), **281** (14.656K), **285** (14.670K). "You observed": **172** (10.535–36K). For ἐθεάσω, also **173** (10.550K), **180** (10.559K), **182** (10.608K), **191** (10.792K). "I shall remind you of the two young men": **182** (10.608K). For ἀναμνήσω σε, also **172** (10.536K). Note also **194** (10.856K), "I have often demonstrated this to you clearly on the patients themselves, two or three of whom I shall now recall (μνημονεύσω) who were treated recently." "I have demonstrated" (ἔδειξα): **185** (10.682K), **194** (10.856K).

39. Other cases in which Galen either persuades other doctors to follow his advice or convinces them of their error: **203** (10.972K), **213** (11.191K), **261** (13.605–6K), **285** (14.672K). Doctors who respond with amazement, hatred, or dismay to Galen's cures and prognoses: **272** (14.614–15, 619–20K), **284** (14.668K, "all the doctors fled"), **340** (60 Iskandar), **341** (60–62 Iskandar), **342** (62 Iskandar), **345** (96–98 Iskandar).

40. Marcus: **282** (14.660K). "Hamstrung," **4** (2.395K); see Gleason (2007, 23). Patients thank Galen: **47–48** (6.14, 6.446–47K; see passage 1.H). Amazement: the case of Glaucon's friend, **133** (8.364, 365K). The primary audience for this cure however is clearly Glaucon. Persuasion: the case of Antipater, who is unable to explain an anomaly in his own pulse, **267** (8.293–96K).

41. **272** (14.606K, Galen and other physicians accompany Eudemus to the baths), **283** (14.663K, Annia Faustina's entourage includes Methodist physicians), **285** (14.670K, a patient's master appears in the street with his slave's physicians). Conversely, as I have shown, aristocratic amateurs were a part of Galen's entourage of friends.

42. **233** (12.307K); **211** (11.188K).

43. **279** (14.635–41K), **283** (14.661–65K).

44. Female patients with rivalry: **67** (7.328–29K), **211** (11.187–90K), **213** (190–91K), **280** (14.641–47K, Boethus' wife), **309** (17B.81–82K, a case that "became famous"), **350** (130–32 Iskandar).

45. The full list of Galen's female patients is: **67** (7.328–29K, fever). **155** (9.675–77K, fever, possibly the same case as that in **67**). **161** (10.368–71K, a noblewoman, γυνή τῶν ἐν τέλει, coughing up blood). **186** (10.687K, fever). **205** (10.1007–8K, another aristocrat, γυνή . . . τις ἐν Ῥώμῃ τῶν ἐπιφανῶν, shingles on the ankle). **211** (11.187–88K, suppressed menstruation; Galen does not succeed in getting control of her treatment). **213** (11.190–91K, suppressed menstruation). **233** (11.341K, female flux; the patient is "not obscure," and this is perhaps a reference to the case of Boethus' wife, no. **280**). **268** (14.218–19K, Arria, treated for diarrhea by the emperors under Galen's direction). **276** (14.625–26, 630–33K, Justus' wife, insomnia). **280** (14.641–47K, Boethus' wife, female flux, abdominal swelling; perhaps the same case as no. **233**). Possibly **308** (17A.749K, thin and black urine). **309** (17B.81–82K, suppressed menstruation). **330** (18A.79–80K, breast cancer). **350** (130–32 Iskandar, miscarriage with retention of placenta). Midwives: **211** (11.188K), **280** (14.643–44K), **350** (130–32 Iskandar). Domestic servants: **276** (14.632K), **280** (14.643–44K).

46. Midwives and domestic servants: see previous note. Οἰκείοι: **211** (11.188K). Husbands: **280** (14.641–47K), **350** (130–32 Iskandar). Husband's friends: **280** (14.646K).

47. **5** (2.632K, the case of Maryllus' slave); **280** (14.641–42K, Boethus' wife).

48. Women and slaves who come to Galen: the noblewoman of **161** (10.369K); the woman with breast cancer in **330** (18A.80K, ἅυτη μετακαλουμένη με, "she herself would call me"); the imperial snake-catcher of **131** (8.355K).

49. **158** (10.354K), **165** (10.400K), **182** (10.612K). "Everyone," **152** (8.656K). "All those who heard [this]," **233** (12.307K). "All those observing [this]" and similar expressions, **84** (8.58K), **247** (13.577K), **334** (18A.401K), **347** (108 Iskandar).

50. **211** (11.187–90K). In **261** (13.605–7K) Galen gives advice after the fact.

51. Especially the story of the gout patient, where Galen challenges a rival in public to cure him on the spot (**224,** 11.432–33K). Also see **211** (11.187–90K).

52. Other examples: **6** (2.634K), **164** (10.390K), **207** (11.33K), **289–90** (15.913K), **335** (18B.6–7K).

53. **170** (10.504–6K): "*None of them* recognized the condition, *nor did I...The doctors* did not think he had a fever . . . *The doctors* considered whether the man ought to bathe, *some in favor and others opposed,* and the opinion of those who thought he should bathe prevailed . . . *We all decided* that the weakness of the belly had been cured . . . Anyway *no one could cure* his stomach, and having exchanged one problem for another he died."

54. The five patients in **122–26** (8.290–93K) and the case of Antipater (**127,** 8.293–96K). Also **128** (8.305K, this is not necessarily Galen's patient) and the children with bladderstone in *Loc. affect.* 6.4, with story **140** (8.408–9K). Note also the fatal wounds of gladiators in *Loc. affect.* 5.2 (8.304K): Galen does not describe treating these men, but does say that he observed them himself; readers familiar with his history would assume that they were his patients and that (since some did not die right away) he tried to save them.

55. On how to tell if a patient will die or not e.g. *Ars medica* 22 (1.364–65K); *Cris.* 1.5 (9.568–69K), 1.14 (9.611–14K), 3.6 (9.730K), 3.10 (9.748–49K) and this is a theme in *Cris.* generally; *Dieb. decret.* 1.11 (9.821K), 1.12 (9.832–33K); *Hipp. 6 epid.* 4.31 (17B.220K), 6.6 (17B.338K); *Hipp. aph.* 1.12 (17B.381–400K), 4.48–50 (17B.727–31K); *Hipp. prog.* 10 (18B.44–51K).

56. For Galen on the fallibility of colleagues, etc., see von Staden (1997b).

57. Galen takes on terminal cases: see *Meth. med.* 10.10 (10.720–21K) with the case history **190**. In this passage, Galen suggests that he would not try to treat hectic fever with signs of wasting, which he considers hopeless. The main point of this passage, however, is that heroic intervention is desirable if the patient has any chance at survival; the case history is about a man whose life he prolonged for years. Hastening death: *Hipp. aph.* 6.38 (18A.60K), where Galen argues that one should not attempt to treat certain kinds of cancers for this reason. Heroic measures: "In cases of this kind you will save yourself from blame if you predict death, and use no heroic remedy" (ἐπὶ μὲν δὴ τῶν τοιούτων ἀρρώστων προλέγων τὸν θάνατον, ἀνέγκλητον φυλάξαις σεαυτὸν, μηδενὶ βοηθήματι γενναίῳ χρώμενος), *Meth. med.* 12.3 (10.825K). γενναῖος means "drastic" and "painful" in this context; see ibid. 12.1 (10.814–16K). Accurate prognosis saves reputation: e.g. *Const. art.* 15 (1.281K); *Anat. admin.* 3.1 (2.345K); *Meth. med.* 12.3 (10.825K); *Opt. med. cogn.* 11 (118K); also a Hippocratic theme, von Staden (1990, 109–11). The idea of incurability and intervention in incurable cases in the Hippocratic Corpus is much more complicated than commonly supposed. See the thorough discussion in von Staden (ibid.), with references to earlier scholarship; and recently Rosen and Horstmanshoff (2003).

58. Maryllus' slave, **5** (2.633K); a child with a blood clot in the bladder, **140** (8.408–9K).

59. The same story in Luke reads only "who could be cured by no one" (8:43); no prior efforts at healing are mentioned in Matthew's version.

60. The case of the paralytic in Matthew 9:1–8, Mark 2:5–12, Luke 5:20–26; the case of the man with the withered hand in Matthew 12:9–14, Mark 3:1–6, Luke 6:6–11. Criticism is not on medical issues but on questions of Jewish law (healing on the Sabbath).

61. Cf. Matthew 9:8; Luke 5:25–26.

62. Cf. Matthew 9:23–26; Luke 8:52–56.

63. See e.g. *Orationes* 47.64; 48.20, 52, 76; 49.49; 50.36; 51.9.

64. *Orationes* 47.63. For ineffectual treatment by doctors (vs. Asclepius), see also 48.63, 69; 49.8–10, 18–20, 27. Cf. Behr (1968, 169 n. 24).

65. *Orationes* 48.39; cf. 48.63.

66. Skepticism or criticism in Aristides: *Orationes* 47.63, 48.20 (midwinter bathing), 52; 49.8. Astonishment or conversion of skeptics: *Orationes* 47.66–67; 48.21, 77–78, 82. For skepticism in the Epidaurian inscriptions, see LiDonnici (1995), nos. 3, 4, 9, 10, 36. Unlike the situation in Galen's stories or in the Gospels, it is often the patient himself (or herself) who expresses skepticism and is converted to astonishment; in one story the patient's faith is contrasted with the skepticism of others (9).

Four • The Patient

1. See *Praecog.* 7 (14.640K), "just as in the case of the woman in love and the frightened slave"; ibid. 13 (14.669K), "Just as I calculated in the case of the child of Boethus, and in the case of the woman in love and of the man who was dispirited because of fear"; here Galen is referring to cases previously described in the same treatise. For "the slave of Maryllus the mime-writer," *Anat. admin.* 7.12 (2.632K); Galen goes on to tell the story in the next chapter. On the man who bathed in mineral baths: **180** (10.558K) refers back to the story Galen told in **172** (10.535–37K); this patient is also referred to as "the man with thickened skin," **180** (10.559K).

2. Well-known patients: "Theagenes the Cynic philosopher; not a few people know this (cure) because of the man's fame, as he used to debate publicly in the gymnasium of Trajan every day" **199** (10.909–10K); "Everyone knows what happened to Antipater the physician, because he practiced with no obscurity in the city of Rome" (**127,** 8.293K). Cf. **3** (2.343K), one of the stories about Pausanias; here he is not named but Galen writes "no one is unfamiliar [with this case] because of the patient's fame as a sophist." See also **38** (6.365–67K), at the end of which Galen writes of the patient, Premigenes of Mytilene, that he was "second to none among those of his time in Peripatetic theory." Emperor Hadrian puts out the eye of a slave in a fit of temper; when he offers the slave anything he wants in compensation, the slave says all he wants is his eye back: **19** (5.17–18K). Milo's way of life: **27** (6.241K). Diogenes' repartee with a prostitute: **145** (8.419K). "Biographical" stories: **30** (6.332–33K), Antiochus the physician; **31** (6.333–34K), Telephus the Grammarian; to some extent **38** (6.364–67, 371K), Premigenes of Mitylene.

3. On πεπαιδευμένοι and ἄνδρες, see n. 36. Pausanias is named in **110** (8.213K) but not in **3** (2.343–45K), **84** (8.56–59K), or **347** (106–8 Iskandar). There is no doubt about the identity of all four patients; in each story, a patient with a recent history of a blow to the upper back, resulting from a fall from a carriage or (in the Arabic version) the back of an animal, loses sensation in the two smallest fingers and part of the middle finger of one hand and is treated without success by other physicians; when questioned by Galen he tells the story of his fall, and Galen successfully treats the problem based on his superior knowledge of the anatomy of the nerves. Diodorus is named in **216** (11.241–42K) but not in **49** (6.448–49K) or **130** (8.340K). "The slave (παῖς) of Maryllus": **5** (2.631K). "The child (or slave, παιδάριον) of Cercyllius": **209** (11.105K). "The wife of Justus": **276** (14.626K). "The wife of Boethus": **280** (14.641K). "The mother of the jurist Nasutus": **316** (486–87 Wenkebach and Pfaff). Some female or juvenile patients are named: Arria, treated by the Severan emperors, **268** (14.218K); Cyrillus, Boethus' son in **279** (14.638K).

4. ἄῤῥωστος: **67** (7.363K), **172** (10.539K), **182** (10.613K), **184** (10.671, 678K), **187** (10.688K), **283** (14.665K), **288** (15.699K), **310** (17B.117K). κάμνων: **3** (7.344K), **44** (6.435K), **129** (8.337K), **133** (8.361–65K, five times), **134** (8.374K), **152** (8.656K), **159** (10.362K), **160** (10.367K), **182** (10.612, 613K), **184** (10.675, 676K), **191** (10.792K), **192** (10.814K), **194** (10.856K), **217** (11.301K), **235** (12.314K), **241** (12.466K), **262** (13.633K), **284** (14.666–69K, four times), **311** (17B.151K), **327** (18A.46, 48K). νοσῶν: **40** (6.367K), **133** (8.364, 365K), **152** (8.656K), **184** (10.675, 676K), **206** (11.26K), **278** (14.635K), **284** (14.666–68K, three times), **311** (17B.152K), **336** (18B.40K). ὁ παθών: **84** (8.59K). Also ὁ πεπόνθως, **19** (5.18K); and ὁ πάσχων, **217** (11.299K). ὁ τρωθείς, **254, 256, 257** (13.585K); ὁ τετρωμένος, **165** (10.399K), **257** (13.585K); ὁ κατακείμενος, **133** (8.363K); θεραπευθείς, **3** (2.343K). ὁ νευρότρωτος: **255** (13.585K) and **261** (13.605K). Also ὁ φρενιτικός, "the one suffering from phrenitis," **65** (7.61K); ὁ ἀρθριτικός, "the arthritic," **227** (12.270–71K); τις ποδαγρικός, "a gout patient," **224** (11.432K). On professions, see the section on "Social Information" below. τις: Often "one of those who . . ." or "someone else," but often simply "someone," as in **9** (3.353K), **11** (4.191K), **13** (4.446K), **18** (5.17K), **24** (5.119K), **52** (6.471K), **57** (6.656K), **60** (6.834K), **63** (6.869K), **77** (8.13K), **80** (8.50K), **84** (8.56K), **99** (8.147K), **100** (8.165K), **104** (8.195K), **108** (8.211K), **111** (8.226K), **117** (8.257K), **119** (8.258K), **122** (8.290K), **126** (8.292K), **128** (8.305K), **134** (8.374K), **141–42** (8.410K), **144** (8.418K), **154** (9.495K), **164** (10.390K), **230** (12.293K), **236** (12.314K), **244** (13.402K), **248** (13.574K), **296** (16.772K), **297** (17A.213K), **308** (17A.749K, a female patient), **312** (17B.333K), **333** (18A.350K), **338** (19.2K).

5. ἄνθρωπος: See Appendix A for seventy cases, including among upper-class patients **199**

(10.909, 915K, Theagenes). Of peasants: **157** (10.335K), **228** (12.271K), **239** (12.323K). Of women: **143** (8.415K, not Galen's patient but the ancient story of the Ἄπνους), **186** (10.687K), **211** (11.189K). Apparently of a child: **121** (8.266K). Of slaves: **183** (10.613, 614K), **217** (11.300K), **264** (13.636K), **285** (14.671K). "Charilampes' man," **274** (14.624K).

6. On the terms ἕξις and σχέσις e.g. *Opt. corp. const.* 1 (4.738K). On κρᾶσις and its relationship to the different constitutions, see Galen's treatise *De temperamentis.* For a full discussion of humoral theory in Galen, see Siegel (1968), part IV.

7. Especially **165** (10.398–401K) and **187** (10.687–88K); and cf. **50–51** (6.470–71K), **169** (10.468–69, 472–73, 474, 479K), **211** (11.187–90K), **217** (11.299–301K).

8. On the association of age and temperament, see especially *Temp.* 2.2 (1.577–98K). Schematic theories that paired each of four stages of life with one season and one temperament are attested, but Galen rejects them: *Temp.* 1.3–4 (1.522–38K). "Youth" and heat/dryness/bile: *Temp.* 2.2 (1.583–84K); *Hipp. sal. vict.* 7 (17B.186–87; here Galen associates the ideal temperament with adolescence, a stage between childhood and youth with no predominant quality); *Hipp. prog.* 3.28 (18B.280K). "Sharper" heat in youth: *Temp.* 2.2 (1.593–94, 597–98K). Women as cold and wet: for references, see Flemming (2000) 305–29; e.g. *Usu part.* 14.6 (4.158K): "The feminine is less perfect than the masculine for one reason first of all, because it is colder."

9. μειράκια: *Temp.* 2.4 (1.618K), *Hipp. sal. vict.* 7 (17B.186–87K). Interestingly, these passages represent two very rare occurrences of the word ἔφηβος in Galen's work. On μειράκια and ephebes see the section on "Age" below. "Canon" of Polyclitus: *Ars medica* 14 (1.342–43K); *Temp.* 1.9 (1.566–67K); *Opt. corp. const.* 3 (1.744K), 4 (1.745K); *Plac. Hipp. Plat.* 5.3 (5.449K). As text and sculpture: *Plac. Hipp. Plat.* 5.3 (5.449K). "Canon" as *Doryphoros:* See Stewart (1990), 1.160–63. Fragments of more than fifty marble copies survive.

10. Eudemus: **1** (1.631K); cf. **287** (15.565K). On μειράκια as effeminate see n. 17 below.

11. *Sect.* 3 (1.71K); *Comp. med. gen.* 4.1 (13.662K); *Hipp. 1 epid.* 3.70 (17A.776K); *Subfig. emp.* 6 (61 Deichgräber); κατὰ τὴν ἡμετέραν οἴκησιν εὔκρατον οὖσαν, *Temp.* 2.6 (1.627K) and see also *Temp.* 2.5 (1.618K).

12. *Simp. med.* 10.2.22 (12.298K); *Comp. med. loc.* 6.9 (12.1004K); *Comp. med. gen.* 7.11 (13.1009K).

13. For hard-bodied peasants, see **231–32** (12.298K), **239** (12.323K), **241** (12.466K), **258** (13.592K). Compared to donkeys: *Simp. med.* 10.2.24 (12.299K).

14. πεντηκοντούτης: **192** (10.814K). τεσσαρακοντούτης: **170** (10.504K), **194** (10.856K). τὴν ἡλικίαν ἐξηκοντούντης: **203** (10.971K). ἔτη πλείω τῶν ἑκατὸν βιώσας: **32** (6.343K). ἡλικίαν ἄγων ἐτῶν ἐλαττόνων μὲν ἢ ἑξήκοντα, πλεόνων δὲ ἢ πεντήκοντα: **127** (8.293K). περὶ ἔτος ὀκτωκαιδέκατον: **160** (10.366K). ἀμφὶ τὰ ὀκτωκαίδεκα ἔτη: **206** (11.28K). On age rounding there is a large scholarship; for a recent summary see Parkin (2003, 31–35). He points out that while one needed to know the month, day, or even hour of one's birth for astrological reasons, the year of one's birth was less important.

15. νεανίσκοι forty years old: **195** (10.858K), **204** (10.995K). μειράκια, both age "about 18": **160** (10.366K), **206** (11.28K). Other patients called μειράκια: **75** (8.3K), **243** (13.390K). Galen as μειράκιον: e.g. **17** (5.16K), **53** (6.498K), **59** (6.755K), **69** (7.558K), **112** (8.226K). μειράκιον four times: **206** (11.26–29K). "Adolescents" may be a controversial translation of *meirakia* but is, I think, justified by my discussion here. Kleijwegt (1991) argues that the concept of adolescence did not exist in antiquity and that young people were considered adults of inferior status; while

Eyben (1993) takes the contrary position that youth was recognized as a separate stage of life with its own characteristics. Galen's tendency to assign young men in their late teens and early twenties to the category of μειράκια is more consistent with Eyben's thesis. For a recent brief discussion of the issue of adolescence in the modern and premodern world, with references, see King (2003, 83–88).

16. See also *Hipp. aph.* 1.13 (17B.400–403K) where the four age groups, following Hippocrates, are παιδία, μειράκια, οἱ καθεστηκότες, and γέροντες; and *Hipp. aph.* 3.18 (17B.612–14K) where the age groups here are παῖδες, μειράκια, γέροντες, and οἱ ἀκμάζοντες. Schemata for dividing life into stages are widely attested in antiquity and very diverse; I confine myself in this discussion to describing Galen's views. The most thorough discussion of ancient schemata is Eyben (1973), but he catalogs Latin sources only; see also his briefer account in Eyben (1993, 31–41). For other brief summaries of the broader question see Kleijwegt (1991); Parkin (2003, chap. 1); Rawson (2003, chap. 4).

17. On the Hippocratic treatise see West (1971, esp. 376–77) on the stages of life. παῖς: In *San. tuend.* book 2, chapter 1 (6.81K), "a boy of the healthiest nature, just beginning his third seven-year stage." μειράκιον: 2.12 (6.156, 157, 162, 163K). The quotation is from *San. tuend.* 2.1 (6.81K), ἐφ᾽ οὗ πλάττειν τε καὶ κοσμεῖν τὸ σῶμα προκείσθω καθ᾽ ὅσον οἷόν τε κάλλιστα. μειράκια as students: e.g. *Nat. fac.* 3 (2.179K), *Anat. admin.* 1.2 (2.221K), *Anim. pecc. dign.* 3 (5.70, 71, 73K), *Atra bile* 3 (5.112K), *Plac. Hipp. Plat.* 6.3 (5.527K), *San. tuend.* book 2 throughout; **59** (6.755–56K); **69** (7.558K). Some of these are stories about Galen himself; when he speaks of his years as a student he calls himself a μειράκιον. Effeminate μειράκια: **206** (11.28K), and see **165** (10.399K) where the patient in question is not the μειράκιον, but his constitution is contrasted with the pale, soft body of another, adolescent patient of the same doctor.

18. *Hipp. 6 epid.* 4.27 (17B.212K). The word ἔφηβος is very rare in Galen's works, occurring only six times. It does not, as in the civic context, refer to subjects in their late teens but to an earlier phase. Age 13: e.g. *Hipp. aph.* 3.26 (17B.632K), 3.27 (17B.637K), 3.28 (17B.640K). Passing through ἥβη and the age of μειράκια on the way to manhood: Hipp. *6 epid.* 3.27 (17B.77K); see also *San. tuend.* 5.1 (6.309K), *Hipp. sal. vict.* 7 (15.187K). Criticism of Hippocrates: *Hipp. aph.* 3.29 (17B.641K). According to Galen's interpretation of Hippocrates in *Hipp. aph.* 5.7 (17B.791K), puberty starts at age thirteen and last until age twenty-five, thus subsuming the age of μειράκια. On the idea of puberty in antiquity, the main study is still Eyben (1972), but his references to Galen are unreliable because he accepts works as genuine that are now considered inauthentic.

19. A rare but interesting exception is **28** (6.309K), where Galen is describing his medical history and writes that "when I was a child and later in puberty and adolescence (κατά γε τὴν τῶν παίδων ἡλικίαν καὶ προσέτι τῶν ἐφήβων τε καὶ μειρακίων) I was seized by not a few, and not insignificant illnesses."

20. Galen citing Hippocrates on epilepsy: *Hipp. aph.* 5.7 (17B.790–92K); *Hipp. 6 epid.* 6.26 (17B.289K). Galen citing Hippocrates on diseases of children and youths: *Hipp. aph.* 3.24–31 (17B.627–51K); also *Plac. Hipp. Plat.* 8.6 (5.694–96K), *Dieb. decret.* 1.11 (9.884K) and *Hipp. nat. hom.* 41 (15.101K) for quotations of the same Hippocratic passage.

21. The most important works on education in the Roman world are now those based on documentary material from Egypt, especially Cribiore (1996) and (2001). She does not, however, discuss rhetorical ("secondary") education, which was confined to a few urban locations; whereas evidence for "primary" education is widespread. The main study of secondary educa-

tion in the Roman period is still Bonner (1977); see also Rawson (2003, chap. 5). On education in the gymnasium, see König (2005, chap. 2).

22. *Hipp. aph.* 3.30 (17B.644K); cf. *Hipp. prog.* 3.28 where the stages are childhood, "the age of μειράκια," "the age that comes next," which lasts until thirty or thirty-five, followed by another stage that proceeds to old age.

23. *Hipp. sal. vict.* 7 (15.186–89K), "those past their prime" are παρακμάζοντες. For the παρακμαστικὴ ἡλικία, see also *San. tuend.* 5.2 (6.312K), "we have done this, discussing [the best temperament] up to this point, according to each stage of life, except the stage of life that is called 'past the prime,' of which the last part in particular is called old age." Galen does not, however, devote specific discussion to this stage, though he does discuss old age at some length, suggesting that "past the prime" is a period of less significance in his view.

24. **170** (10.504K), ἀνήρ τῆς καθεστώσης ἡλικίας. On this expression cf. Liddell and Scott (1968) s.v. καθίστημι B.4, "middle age."

25. Children two, three, and four years old: *San. tuend.* 1.8 (6.38K), 1.9 (6.45K). Teething: *San. tuend.* 1.10 (6.47K); cf. *Hipp. aph.* 3.25–26 (17B.629–31K). Children ages seven to ten: *San. tuend.* 1.12 (6.59K).

26. Galen treats children in **5** (and see **25** for the same case), **26** (6.44–45K), **29** (6.327K = 157 Koch), **37** (6.358K), **102** (8.194, 198K, when Galen was a student), **209** (11.105–7K), **225** (11.859–60K), **244–45** (13.402–3K), **265** (13.636–37K), **279** (14.635–41K, Boethus' son), **283** (14.661–65K, Commodus); and possibly **121** (8.266K) and **140** (8.408–9K) if these patients are children, as seems to be implied. Galen apparently assisted or supervised in the treatment of Piso's son, **266** (14.212–14K). He has seen the patient in **66** (7.100K), who miraculously recovered his sight after being punctured in the pupil with a stylus, but does not say he treated him. Several brief stories from *Loc. affect.* 1.6 may well refer to Galen's own patients but this is not clear: **82–83** (8.55K), **88** and **90** (8.64K), **94** (8.65K). Some of these stories may refer to the same patient; see comments in Appendix B.

27. Words for "child": παιδάριον should be a diminutive but those whose ages are given are teenagers, age 13 in **29** (6.327K = 157 Koch) and age 15 in **245** (13.403K). The word παιδίον clearly refers to infants in **26** (6.44–45K) and **58** (6.686K); but also to children ages six and fourteen, **88** and **90** (8.64K); and to a miscarried fetus in **270** (14.252K). A παῖς is age thirteen in **102** (8.194K) and age fifteen in **244** (13.402K). παῖς and παιδίον of the same patient: **261** (13.605–7K), **225** (11.859–60K), **279** (14.635–41K). Maryllus' slave is called παῖς in **5** (2.632K) and παιδάριον in **25** (5.181K).

28. **5** (2.632K), **96** (8.132K), **265** (13.636K). See Golden (1985).

29. On epilepsy see the treatise *Puer. epil.* and cf. **102** (8.194K) and **225** (11.859–60K) for other juvenile epileptics. The classic survey of the subject is Temkin (1973a). Bladderstone: **140** (8.408–9K; it is not clear whether the patient in the story has bladderstone, but that condition is the subject of the discussion). Erysipelas: **209** (11.105–7K). Fever: Boethus' son Cyrillus, **279** (14.635–41K); also Commodus has fever and inflamed tonsils, **283** (14.661–65K). Fistula: **244** (13.402–3K). Accidental injury: the addressee's son in *Ther. Pis.* (**266,** 14.212–14K) is injured in the ritual game of "Troy"; also the slave of Maryllus, injured wrestling in **5** (2.632–33K) and **25** (frag. 7 de Lacy). Cf. *Hipp. artic.* 4.40 (18A.735–36K), where Galen mentions treating infants for dislocated femurs. On the diseases most commonly attested for children in Roman antiquity, Bertier (1991, 2178–98); Hummel (1999, part III).

30. **29** (6.327K = 157 Koch), **37** (6.358K).

31. **279** (14.635–41K, Boethus' son Cyrillus). **266** (14.212–14K) praises Piso for helping to care for his wounded son. Masters: **5** (2.632–33K, Maryllus); **264–265** (13.636–38K, an incompetent and luxury-loving rich man tries to cure his own slaves.)

32. The debater in **50** (6.470–71K); an incontinent patient in **89** (8.64K); Eudemus in **272** (14.619K); the slave steward in **278** (14.633K); a patient to whom Galen gives a weak wine remedy in **288** (15.698K).

33. Stories about living to an old age: Antiochus, **30** (6.332–33K); Telephus the Grammarian, **31** (6.333–34 and 379–80K); the farmer in **32** (6.343–44K). Patients between fifty and sixty: **127** (8.293K, Antipater), **192** (10.814K), **203** (10.971K). Stages of old age: *San. tuend.* 5.12 (6.379–80K); cf. Parkin (2003, Appendix C). See also *Hipp. aph.* 3.31 (17B.648K), where Galen dismisses those who see a clear Hippocratic distinction between γέροντες and πρεσβύται.

34. For the 7 percent figure, see Parkin (2003, 48–50, with Appendix A, Table 4). But note that the Coale-Demeny life tables may not accurately represent age structure in premodern societies: Scheidel (2001). On the marginal and undervalued status of the elderly in Roman antiquity see in general Parkin (2003).

35. Old age nursing: **190** (10.721K). Old age compared to illness: *San. tuend.* 5.3 (6.320K). Regimen for old age: *San. tuend.* 5.3–4 (6.320–34K).

36. Respectively, **199** (10.914K, Theagenes the Cynic) and **38** (6.365, 367K, Premigenes the Peripatetic); **55** (6.598K, this patient also called a "friend" and "fellow-citizen" of Galen's); **110** (8.214K, Pausanias); **130** (8.340K; the youth is unnamed here but is probably identical with Diodorus the Grammarian; see cross-references in Appendix B); **238** (12.315K) and **217** (11.299K, but of the master not the patient, his slave); and **127** (8.293K, Antipater). Also of Galen's friend and fellow-traveler, the Cretan who assaults his slaves in **20** (5.18K) and a forty-year-old patient of "mature age," **170** (10.504K).

37. A good survey of civic age terminology in Greek is van Bremen (1996, 145–50). On gymnasia, see Weiler (2004, 30–33) for a recent summary. On age cohorts in athletic contests, see Golden (2000, chap. 4). On inscriptions, see Sacco (1979). The equivalent of *iuventus* may also be νέοι in this period.

38. Van Bremen (1996, 145–46), emphasizing that the tendency to divide women into two categories based on marital status was not exclusive to the city but pervades Greek literature of all periods.

39. γυνή: **16** (4.598K), **146** (8.420K), **67** (7.328K; this woman is also called γύναιον), **161** (10.369–71K), **205** (10.1007K), **211** (11.187–90K), **213** (11.190–91K), **223** (11.341K), **268** (14.219K, Arria), **270** (14.252K), **276** (14.626, 631–33K, Justus' wife), **280** (14.641, 643, 644, 646K, Boethus' wife), **309** (17B.81–82K), **322** (17B.540K), **330** (18A.80K). γύναιον: **67** (7.328K), **155** (9.676K). These two stories may refer to the same case. On ἄνδρες see n. 36 above. For the list of Galen's female patients see chap. 3, n. 45. On Arria, μοι φιλτάτη, **268** (14.218–19K).

40. γύναιον: See previous note. ἄνθρωπος, of women: See above, n. 5. τις: **308** (17A.749K). Galen sometimes calls women from the Hippocratic case histories ἡ ἄῤῥωστος, perhaps because he strongly associates this word with textually transmitted "case histories," e.g. *Hipp. 3 epid.* 3.6 (17A.629K), 7 (17A.631K), 8 (17A.639, 640K), 86 (17A.787K).

41. The γύναιον of *Hipp. 3 epid.* 9 (17A.643K), called γυνή by Hippocrates, is only seventeen years old; but Galen calls other female patients γύναια when Hippocrates offers no indicator of

their age. One is definitely a slave (the οἰκέτις in *Trem. palp.* 5, 7.602–3K and *Ven. sect. Eras.* 5, 11.162K); and three are obviously free (Nicostratus' wife in *Diff. resp.* 3.11, 7.949–50K; Epicrates' wife in *Hipp. 1 epid.* 3.5, 17A.278K; Delearces' wife in *Hipp. 3 epid.* 3.86, 17A.789K). γυνή and γύναιον of the same woman: **67** (7.328–29K); also of a Hippocratic patient (the wife of Epicrates, *Hipp. 1 epid.* 3.5, 17A.276, 278K). παιδίσκη: **214** (11.209). παρθένος: *Hipp. 3 epid.* 2.3 (17A.593K).

42. The word παρθένος occurs fifteen times in Galen's extant Greek works. Five instances refer to Hippocratic patients; that is, Galen calls them παρθένοι because that is what Hippocrates calls them. Five references are direct quotations from the Hippocratic Corpus or other authors. The remaining five references are interesting reflections of the idea of the virgin in ancient society but are mainly made in passing. Two from *Simp. med.* recommend substances delaying the development of breasts in virgins (a mineral called ostracite, and bat's blood), reflecting the traditional, composite and even folksy character of much of Galen's pharmacology (*Simp. med.* 9.2.17, 12.206K and 10.1.4, 12.258K). One reference suggests that a healthy lifestyle involves a moderate amount of sun, neither constant exposure nor careful cultivation of shade in the manner of παρθένοι (*Ars medica* 15, 1.342K). One passage mentions that distorted upper bodies are sometimes seen in virgins, criticizing the habit of nurses of binding the shoulders and upper abdomen tightly to make the hips seem large in proportion; this is probably a reference to swaddling practices also described in Soranus rather than to a manner of dressing young women (*Caus. morb.* 7, 7.28K). Finally, the most significant reference to παρθένοι is *Hipp. 6 epid.* 4.27 (17B.212K), where Galen briefly discusses puberty in commenting on a Hippocratic passage; he begins, "In the change from the stage of children (παῖδες) into that of youths (μειράκια), just as the appearance of semen and genital hair begins, so also the sudden enlargement of the testicles; even as for παρθένοι the [enlargement] of the breasts [begins] together with the production of the menses." Here Galen assigns to women a stage of life parallel to that of male adolescence (μειράκια) and suggests that physiological changes at puberty are similar for males and females. Virginity as an idea—independent of the word παρθένος—mainly occurs in *Uter. dissect.,* where Galen claims that the uterus is smaller in individuals who have never copulated (2, 2.889K).

43. On the brief Hippocratic treatise and its relationship to the "green sickness" of later centuries see King (1996, 2004); on the meaning of παρθένος and παρθενεία, ibid. 53–59. For a text and translation, see Flemming and Hanson (1998). On virgins in the Hippocratic Corpus cf. also Dean-Jones (1994, 103, 138–40). On virgins in classical Greek art—a fascinating subject—Frontisi-Ducroux and Lissarrague (2001).

44. *Loc. affect.* 6.5 (8.414–46K). The most important discussion of "hysterical suffocation" in antiquity and the (later) evolution of the idea of "hysteria" is King (1993).

45. **143** (8.414–15K) for the Ἄπνους of Heraclides Ponticus; on the causes of hysterical disease in Galen see Flemming (2000, 333–38).

46. ἐκ πολλοῦ χρόνου χηρευούσα γυνή, **146** (8.420K); the same story in **16** (4.598K).

47. Fever: **67** (7.328–29K), **155** (9.675–77K), **186** (10.687K). Coughing blood: **161** (10.368–71K); also see **211** (11.189K). Female flux: **223** (11.341K), **280** (14.641–47K). Rash: **205** (10.1007–8K). Loose stomach: **268** (14.218–19K). Insomnia: **276** (14.630–33K). Breast cancer: **330** (18A.80K). Miscarriage: **350** (130–32 Iskandar); Galen discovers that the woman has retained a

second, putrefied fetus. Amenorrhea with cough: **211** (11.187–90K). Amenorrhea with fever/delirium: **213** (11.190–91K). Amenorrhea with weakness/anorexia: **309** (17B.81K).

48. On the theme of regular menstruation in Galen, see Flemming (2000, 337–39). On Galen's assimilation of women to men, ibid. 342–57. Galen equates hemorrhoids specifically with menstruation esp. in *Ven. sect. Eras.* 5–6 (11.167K).

49. Aristocrats: **161** (10.368K), ἐν Ῥώμῃ γυνὴ τῶν ἐν τέλει; **205** (10.1007K), γυνή . . . τις ἐν Ῥώμῃ τῶν ἐπιφανῶν. "Not obscure": **233** (11.341K), ἰασάμην . . . ῥοῦν γυναικεῖον οὐκ ἀφανοῦς τινος τῶν ἐν Ῥώμῃ γυναικῶν and **309** (17B.81K), τὸ κατ᾽ ἐκείνην (οὐ γὰρ ἦν ἀφανής) ἔνδοξον ἐγένετο. Arria: **268** (14.218K), αὐτὴν ὑπ᾽ αὐτῶν ἐξόχως ἐπαινουμένην, διὰ τὸ φιλοσοφεῖν ἀκριβῶς, καὶ τοῖς Πλάτωνος μάλιστα χαίρειν λόγοις ("she is praised by them [the emperors] for her rigorous philosophizing and because she delights especially in the words of Plato").

50. Bad habits of pregnant women: *Usu part.* 11.10 (3.885K). Galen's mother: **22** (5.40K) and see also Harris (2001, 271–72).

51. Snake-catchers: **131** (8.355K) and **237** (12.315K) = **354** (78 Deichgräber). Schoolboy: **261** (13.605–7K). Steward: **278** (14.633–34K). Intellectuals: Diodorus the Grammarian, whose lifestyle causes epileptic attacks, in **49** (6.448–49K), **130** (8.340K), and **216** (11.241–42K); other intellectuals, **100** (8.165K) and cf. **314** (486 Wenkebach and Pfaff; a grammarian dies of grief when his books perish in the great fire at the Temple of Peace). Athletes: **2** (2.298–99K, a runner); **246** (13.418–19K, a pancratist suffers from an infected bite apparently inflicted in competition). Peasants: **107** (8.198K, snakebite), **226** (11.866K, a sickle-wound), **228–29** (12.271–72K, wounds), **239** (12.322–23K, wound), **251–53** (13.582–84K, wounds), **258** (13.592K, probably a wound), **263** (13.633K, wound). Gladiators: **8** (3.286–87K); *Loc. affect.* 5.2 (8.304K, a general discussion of heart wounds that Galen has observed in gladiators); *Comp. med. gen.* 3.2 (13.564–65K, on leg wounds he has observed in gladiators); **260** (13.600–1K). Augurs: **313** (485–86 Wenkebach and Pfaff), **236** (12.314–15K) = **351** (77–78 Deichgräber).

52. **3** (2.343K). See also **199** (10.909–10K), of Theagenes the philosopher: "not a few people know this [cure] because of the man's fame, as he used to debate publicly in the gymnasium of Trajan every day." Also **309** (17B.81K), "But her situation became well-known, for she was not obscure."

53. Notably Eudemus, **272** (14.605–24K); Boethus, **280** (14.641–47K); Sextus, **281** (14.651–57K); Marcus Aurelius, **282** (14.657–61K); Commodus, **283** (14.661–65K).

54. **110** (8.213–14K); see also **64** (7.60–61K, Theophilus the physician); **191** (10.792–93K, another doctor); **275** (14.25K, Diomedes the rhetor); **272** (14.605–624K, Eudemus the Peripatetic philosopher).

55. Exemplars: **30** (6.332–33K), Antiochus the physician; **31** (6.333–34, 379–80K), Telephus the Grammarian. Patients treated by emperors: **267–68** (14.218–19K, Antipater the secretary of Greek letters, and Arria).

56. On the peasant diet, see also e.g. **53** (6.498–99K, passage 2.C); *Aliment. fac.* 1.26 (6.540K); *Bon. mal. suc.* 5 (6.782K). On famine in the countryside, *Aliment. fac.* 2.21 (6.620K) and *Bon. mal. suc.* 1 (6.749–52K). On peasant medical practices, see **197** (10.865K, a peasant self-medicates for colon pain); **157** (10.334–35K, on venesection in the spring); also *Comp. med. loc.* 2.1 (12.542K, obscure natural substances) and 3.1 (12.600K, onions in ears). Using urine to treat wounds of peasants: see *Simp. med.* 10.2.15 (12.285–86K). Using dung (of chickens, cows, and goats) in the

countryside: 10.2.22–26 (12.298–304K), with references to the practice of a country doctor in Mysia. Galen uses pigeon dung on a peasant in **263** (13.633K) and a farmer observes and imitates him. Galen treats a female nonpeasant with dung in **161** (10.368–71K); in the Hippocratic Corpus, excrement is prescribed therapeutically for women only (von Staden 1992). Other peasant practices: *Simp. med.* 11.1.49 (12.367K, on storing water); *Hipp. fract.* 1.41 (18B.394K, on bathing infrequently). On wounds, see above, n. 51. Idealization of peasant life: see especially *Hipp. aph.* 1.3 (17B.362K).

57. "Among us," *Aliment. fac.* 1.26 (6.540K); *Nat. fac.* 1.14 (2.55K); *Meth. med.* 5.7 (10.334–35K); *Comp. med. loc.* 2.1 (12.542K). Cappadocians spaying pigs (a *topos* of long standing in Greek medical literature), *Anat. admin.* 12 (137–38 Simon); diet in Cyprus, see passage 4.J.

58. Gladiators: **8** (3.286–87K) and **260** (13.600–1K). Vinedressers: **101** (8.166K), **107** (8.198K). Stewards: **217** (11.299–302K), **278** (14.633–34K), **285** (14.670–73K). Snake-catchers: **131** (8.355K, also an imperial servant), **237** (12.315K) = **351** (78 Deichgräber). On the profession of snake-catching and its association with the mysterious tribe of Marsi see also *Simp. med.* 11.1.1 (12.316K) and Nutton (1985b), 138–39. Gardener: **242** (12.905–6K). Domestic servants: **20** (5.18–19K), **131** (8.355K, an imperial servant), **264** (13.636K). δοῦλος: **183** (10.608K), **278** (14.633K), **339** (19.4K) = **304** (209–10 Wenkeback and Pfaff). δεσπότης: **5** (2.632K), **285** (14.670K). Master as judge: **5** (2.631–33K), **217** (11.299–302K); cf. **264–65** (13.636–37K).

59. Galen's household: Schlange-Schöningen (2003, 271–76) for references and discussion. Galen's philosophical views on slaves and slavery: Schlange-Schöningen (2003, 259–63, 276–83). Galen on the loss of property: *Anim. affect. dign.* 8, 9 (5.44, 47K); *Hipp. 6 epid.* 2.47 (17A.999–1000K). Stereotype of slaves: see Bradley (1987, 26–30). In **235** (12.314K), Galen tells a story he has heard—probably a local folk tale from his homeland in Pergamum—about a slave concubine with many lovers who apparently tried to poison her master by giving him wine in which a venomous snake had died. The same story is attested in **351** (Deichgräber 77); for discussion see Ilberg (1905, 366–67 Flashar). Galen also accuses his domestic staff of stealing his books (*Libr. propr.* 11, 19.41K), and compares his ideological rivals, the Erasistrateans or Methodists, to slaves caught stealing (*Nat. fac.* 1.16, 2.66K) or to slaves who plot treachery for their masters (*Nat. fac.* 1.17, 2.67K). On slavery and violence, see Bradley (1987, chap. 4); Saller (1991, 151–64); Fitzgerald (2000, chap. 2); Harris (2001, chap. 13). *Plac. Hipp. Plat.* 6.8 (5.579K) refers to the grisly punishments such as burning or beating meted out to slaves "even now"; they are inflicted upon the offending limb (e.g. legs, for runaways), and Galen does not seem to find this offensive but to appreciate the poetic justice of the system. The story of the Cretan: **20** (5.18K).

60. Slaves or servants treated by multiple physicians: **5** (2.632–33K, the slave of Maryllus), **217** (11.299–300K, the suburban steward), **278** (14.634K, the dishonest steward), **285** (14.670–73K, the steward with the irregular pulse).

61. Thirty-three elite patients (aristocrats or *pepaideumenoi*) compared with twenty-six patients of humble status (including nine peasants). The difference between my calculations and those of Horstmanshoff (1995, 90), who counts forty-one elite patients and twenty-three lower-class patients, may have several explanations: for example, I exclude here patients clearly or probably not treated by Galen (legendary stories about emperors and the like); the line between elite patients whose status Galen specifically mentions and elite patients whose status may be inferred from circumstances in the story is difficult to draw; and we may have different views about who belongs in each category.

62. Women: *Loc. affect.* 6.5 (8.414K); *Purg. med. fac.* 5 (11.341K); *Simp. med.* 10.2.10 (12.273K); *Hipp. 3 epid.* 2.8 (17A.635K); *Hipp. 6 epid.* 1.2 (17A.811K), 3.29 (17B.95K). Children or infants: *Loc. affect.* 6.4 (8.408–9K); *Syn. puls.* 13 (9.465K); *Simp. med.* 10.2.10 (12.273K). Peasants: *Simp. med.* 9.3 (12.286K).

63. See e.g. **44** (6.434–35K), **80** (8.50–51K), **110** (8.213–14K), **187** (10.687–88K, where the event chronologically latest, Galen's intervention, appears first), **217** (11.299–300K), **282** (14.658K, Marcus Aurelius).

64. E.g. **3** (2.343–44K, one of the Pausanias stories), **119** (8.258–59K), **132** (8.356–57K, Stesianus), **165** (10.398–99K), **169** (10.468–69K), **184** (10.671–73K), **213** (11.190–91K), **261** (13.605K), **275** (14.625K, Diomedes), **284** (14.665–66K).

65. **276** (14.630–33K, Justus' wife); **339** (19.4K = **304,** 209–10 Wenkebach and Pfaff, a malingering slave); **153** (9.218–20K, the medicine-loving rich man). Cf. **133** (8.361–66K), where Galen reveals the patient's own symptoms to Glaucon and his sick friend; and for Galen's general advice on impressing an audience this way see *Praes. puls.* 1.4 (9.250K) and *Hipp. 6 epid.* 2.47 (17A.998–99K).

66. The slave's words are actually quoted in the longer version of this story, **304** (209–10 Wenkebach and Pfaff). See also **131** (8.355K).

67. **102–103** (8.194): a παῖς, thirteen years old, afflicted with epilepsy, has more difficulty describing his symptoms than a νεανίσκος with the same disease.

68. Notably in the story of open-heart surgery on Maryllus' slave, **5** (2.632–33K); in the story of the Cretan who nearly kills his two servants, **20** (5.18–20K); and in the story of the dishonest steward, **278** (14.633–34K).

69. The words could be the words of the master, as Galen's use of ἐκεῖνος suggests: Ἐγὼ γοῦν οἶδα ποτε παρακληθεὶς ὑπό τινος οἰκοῦντος ἐν προαστείῳ τῆς Ῥωμαίων πόλεως ἀνδρὸς πλουσίου, θεάσασθαι τινὰ τῶν διοικούντων αὐτοῦ τὰ πράγματα, κινδυνεύοντα τυφλωθῆναι, τοῦτο γὰρ ἐκεῖνος ἔλεγεν, ὀδυνώμενόν τε μεγάλως . . . **217** (11.299K).

70. Notably **278** (14.633K, the dishonest steward) and **280** (14.641, 643, Boethus' wife).

71. See e.g. Hunter (1991, 51–60).

72. *Loc. affect.* 2.7 (8.89K); Galen also rejects Archigenes' terminology of the pulse.

73. Cf. Hunter (1991, p. 54 n. 2).

74. **55** (6.598–601K, Protus the rhetor); to some extent the story of Antipater, **127** (8.293–96K); parts of the Eudemus story (**272**), esp. 14.617K, 621–24K.

75. On the role of custom or habit in hygiene: see e.g. *San. tuend.* 5.3 (6.323K) and 11 (6.369K) on exercise, and *Loc. affect.* 6.5 (8.417–20K) on sex. On neglect of habitual routines, e.g. the "gymnastic" youth who neglects exercise for thirty days in **182** (10.608, 610K); disturbance in sleep habits can lead to mental illness, **313–18** (485–86 Wenkebach and Pfaff). On food, see the next note. On bathing in Greco-Roman medicine, a very common theme, see Jackson (1999); Fagan (1999, chap. 4).

76. On food in Galen see Nutton (1995); Garnsey (1999, 37–41); and the introduction to translations of food-related treatises by Grant (2000) and Powell and Wilkins (2002). Only two case histories deal with drunkenness: (a) the story of a patient who successfully ignores the advice of his doctors in treating a hangover, **181** (10.581K). It is not clear, however, whether Galen traces the problem to the patient's excessive drinking or to his rich meal. (b) The story of a slave

who died after drinking a large quantity of old wine, but here again the fatal fever is caused not by excessive drink but by the resulting sleeplessness (**96,** 8.132K).

77. *San. tuend.* 2.2 (6.85–86K); *Thras. med. gymn.* 41 (5.885–86K). On exercise and work, see also *Thras. med. gymn.* 41 (5.885–86K); *San. tuend.* 1.12 (6.61–62K), 2.2 (6.86K), 2.9 (6.140K), 2.10 (6.145–46K), 2.11 (6.154–55K), 3.2 (6.167–68K), 5.12 (6.376–77K); *Sympt. caus.* 3.1 (7.212K); *Hipp. 1 epid.* 3.1 (17A.210–11K); *Hipp. 3 epid.* 1.4 (17A.520–21K).

78. On ὁπλομαχία—a skill taught as a normal part of civic education, closely associated with the gymnasium, and also well-attested as an event at athletic festivals—see Kah (2004, 60–64). On the military ethic of gymnastic education, see especially Newby (2005, chaps. 5–6). Hatzopoulos (2004) emphasizes that the military exercises associated with gymnasia and Ephebic education in the Hellenistic and Roman periods had less to do with training for actual warfare—in the Roman period, Hellenic civic armies did not fight—than for the self-image of the Hellenic urban elite; but cf. König (2005, 55–56) arguing that civic militias did sometimes fight in emergencies, in local conflicts or in rebellion against the Romans. Doctor: see Galen's story of Antiochus the physician, **30** (6.332K). Man of business: **39** (6.367K). On oratory as exercise, Gleason (1995, chap. 4).

79. *San. tuend.* 1.12 (6.62K); see also ibid. 2.1 (6.82K), 3.2 (6.168K), 3.5 (6.189–90K), 3.10 (6.221K).

80. For a summary of the structures and activities typical of the Hellenistic and Roman-era gymnasium, see recently Weiler (2004, 28–31). The classic work on gymnasia is still Delorme (1960) though he gives short shrift to the Roman period. Massage and bathing: *San. tuend.* 2.2 (6.90–91K), 2.3–5 (6.92–121K), 3.2 (6.167–80K), etc. γυμνασταί debate doctors in *Thras. med. gymn.* 1 (5.807K); they massage clients in *San. tuend.* 2.3 (6.92–105K) and elsewhere in that work; they come to Galen's rescue when he is injured wrestling in *Hipp. artic.* 1.61 (18A.401–4K), and demonstrate therapy to suppress sexual dreams in *San. tuend.* 6.14 (6.446–47K). Theon the γυμναστής is cited as author in *San. tuend.* 2.3 (6.96K) and Secundus the γυμναστής in *Loc. affect.* 4.7 (8.254K). On γυμνασταί see recently König (2005), chapters 6 and 7 (chap. 6 on Galen).

81. Exercise not recommended for all: *San. tuend.* 5.1 (6.306K), 11 (6.368K), 6.3 (6.391K). Galen's gymnastic lifestyle: **59** (6.757K). Wrestling is dangerous: *Parv. pil.* 5 (5.909K); but this is a very polemical passage in which running, voice, horseback riding, jumping, and the discus are also described as dangerous. For the dangers of wrestling, see also *Anat. admin.* 11.1 (85 Simon), *Loc. affect.* 4.8 (8.262K), 4.11 (8.287–88K). On wrestling, as part of a healthy lifestyle, see also *Thras. med. gymn.* 33 (5.870K) and 46 (5.894K), arguing that well-conditioned men would compete in all athletic categories (footrace, wrestling, discus, etc.) and also perform manual labor and warfare; this passage criticizes those who train in specific athletic skills. Galen's wrestling injury: **334** (18A.401–4K). Galen stronger than athletes: *Thras. med. gymn.* 46 (5.893–94K).

82. Imbalanced constitution: most prominently in *Adhort. art.* 9–10 (1.20–39K); *Bon. hab.* (4.750–56K); *Thras. med. gymn.* (5.806–898K). Wrestling, boxing, and pancratium e.g. *Thras. med. gymn.* 33 (5.870K), *Aliment. fac.* 1.2 (6.487–88K).

83. On gymnastic exercise and public buildings see *San. tuend.* 2.2 (6.85–86K): "This is commonly called exercise (γυμνάσια); and especially from the fact that all refer to as γυμνάσια [the buildings] that they have constructed in a common area of the city, in which they come to be anointed and rubbed, and to wrestle, or throw the discus, or to do something similar." On the

integral place of the gymnasium in the Hellenistic- and Roman-era concept of the Greek city, see recently Weiler (2004, 28–29) and Ameling (2004, 131–38). The quotation is from *Thras. med. gymn.* 9 (5.820K). On competitive aspects of gymnastic exercise, see also *Hipp. aph.* 1.3 (17B.362K), "for he [Hippocrates] calls 'athletic good condition' the good condition of those who spend their whole time in gymnasia, overthrowing opponents, like athletes."

84. Athletes are ugly: *San. tuend.* 5.3 (6.327K = 5.10, 157 Koch); *Adhort. art.* 12 (1.131–32K). On the perceived aesthetic value of gymnastic exercise see especially Dickie (1993). The "gymnastic youth" in *San. tuend.*: 3.5 (6.190K). Athletes useless to city and friends: *Bon. hab.* (4.753K, commenting on Plato's *Republic*); *Thras. med. gymn.* 45–46 (5.893–94K).

85. φιλονεικία: **184** (10.675, 676K). Other patients described as "gymnastic": **182** (10.608K, ἐλεύθερος καὶ γυμναστικός) and **240** (12.384K), "A certain youth (νεανίσκος) who was of good habit of body, a gymnastic type (εὐέκτης καὶ γυμναστικός) had this disorder [alopecia] on his head."

86. Sexual abstinence for wet-nurses: *San. tuend.* 1.9 (6.46K), a theme well-attested elsewhere in ancient sources and especially significant because wet-nurses were often married women and nursing periods were long (two to three years). Exercise for pregnant women: *Usu part.* 11.10 (3.885K). Passive lifestyle related to temperament, a theme that pervades Greco-Roman medicine: see e.g. Flemming (2000, 308–29); Dean-Jones (1994, 47–65). Galen presumes a housebound, passive lifestyle for women: *Usu part.* 11.14 (3.900K); *Ven sect. Eras. Rom.* 5 (11.164K). Men purge blood: e.g. *Sect. intro.* 4 (1.72K); *Nat. fac.* 2.8 (2.109K); *Loc. affect.* 6.5 (8.434–37K); *Plen.* 9 (7.559–60K); *Cris.* 3.11 (9.767K); *Hipp. aph.* 6.47 (18A.79–80K) on purging blood through hemorrhoids and the equivalence of hemorrhoids and menstruation. The longevity of these ideas is attested in Duden (1995, 112–19).

87. Athletes and sex: *San. tuend.* 6.14 (6.446K); *Simp. med.* 9.3.23 (12.232K); *Hipp. 3 epid.* 1.4 (17A.520–21K); *Loc. affec.* 6.5 (8.451K); *Sem.* 1.15 (4.571K). Moderation in sex: *Ars medica* 24 (1.371K). Too much sex is a bad prognositc sign in ibid. 21 (1.358K). On the dangers of overindulgence and/or moral polemic against overindulgence, *Usu part.* 3.10 (3.236–37K); on the value of sexual desire for the preservation of the species, *Usu part.* 14.2 (4.144K). Sexuality is mentioned frequently in *On matters of health* as an element of regimen but mostly in passing; it is discussed most fully in 6.14 (6.443–50K), a section on ways to prevent the production or emission of semen in patients for whom this is beneficial. The aged (ibid.) and also those with dry constitutions (6.3, 6.398K and 6.4, 6.401–2K) should avoid sex altogether, though some old men can tolerate it. The main passage discussing the dangers of insufficient sex (especially for those accustomed to do it regularly) is *Loc. affect.* 6.5 (8.417–21K). Masculinity and self-control is another pervasive theme in ancient literature. See recently Roisman (2005, chap. 7); cf. Harris (2001, chap. 5) for a recent discussion of the concept of emotional self-restraint.

88. *Thras. med. gymn.* 6 (5.813K), 41 (5.885–86K); *Hipp. aph.* 1.3 (17B.362K).

89. See esp. *Hipp. aph.* 1.3 (17B.362–63K), "For he [Hippocrates] calls 'gymnastic good condition' the good condition of those who spend their whole time in gymnasia, for the sake of overthrowing opponents, like athletes. But so-called simple good condition is that which many peasants have, digging and reaping and doing the other hard work of their lifestyle, and it does not approach unreasonable surfeit."

90. For the busy lifestyle, see e.g. *San. tuend.* 5.1 (6.308K) and 6.7 (6.412K) on Galen's own

lifestyle. *San. tuend.* 6.5 (6.405K) describes the appropriate regimen for the less-than-ideal lifestyle of a domestic slave to a powerful man or monarch.

91. **5** (2.632–33K); **217** (11.299–302K); **285** (14.630–33K).

92. For a survey of ancient treatises on anger, see Harris (2001, chap. 6; pp. 121–23 on Galen). Another, shorter discussion of the emotions in Galen is *Sympt. caus.* 2.5 (7.191–95K), where the emotions mentioned are fear (φόβος), anger (θυμός), anxiety (ἀγωνία), shame (αἰδώς), and pain (πόνος).

93. Another hot, dry youth, apparently not the identical patient, becomes feverish as a result of anger (θυμός) in **187** (10.687–88K).

94. **49** (6.448–49K), **130** (8.340K); the patient is Diodorus the Grammarian, see **216** (11.241–42K). The other trigger for his seizures is fasting.

95. On anger and honor, see e.g. van Wees (1992, chap. 2) on Homeric anger; Cohen (1995, chap. 4) on anger, feud, and litigation in classical Athens; Fisher (1998) on violence, honor, and masculinity, also in classical Athens; and Konstan (2003) on anger in Aristotle. For a history of the idea of anger in antiquity, Harris (2001) and see the collection of articles by Braund and Most (2003). For a recent overview of honor and (highly competitive) "Mediterranean values," see Horden and Purcell (2000, chap. 11).

96. Stories about anger from *Anim. affect. dign.* are **17–20** (5.16–20K) and **22** (5.40–41K). The reference in Seneca is *De ira* 3.32.1–3; see Bradley (1986, 169); Manning (1989, 1525–26); Fitzgerald (2000, 34–36); Harris (2001, chap. 13).

97. On women and anger see the interesting discussions of Harris (2001, chap. 11, and 2003), arguing that ancient literary culture recognized no legitimate form of anger for women.

98. Galen overcomes grief through discipline: see esp. *Anim. affect. dign.* 7 (5.37K), 10 (5.54K). Περὶ ἀλυπίας: Meyerhof (1929, 85–86) and Boudon (2007); the treatise was thought lost but has been recently recovered. Grammarian: **314** (486 Wenkebach and Pfaff); in the next case (**315**), a man suffers the same fate after a financial loss. Death of a friend: **316** (486–87 Wenkebach and Pfaff). Here the grammarian is named Callistus; cf. the grammarian Pheidippides of περί ἀλυπίας.

99. The story about Atlas is attested twice, in **297** (17A.213–14K) and **318** (487 Wenkebach and Pfaff): "his friends saw him weeping and asked him about his grief [Kummer]. At that he sighed deeply and answered, saying that he was worried [in Angst] that the whole world would collapse." Augur: **313** (485–86 Wenkebach and Pfaff). Called by the dead: **301** (207–8 Wenkebach and Pfaff).

100. **276** (14.630–33K); **316** (486–87 Wenkebach and Pfaff).

101. Rich patient: **153** (9.218–20K); the slave owner of **264–65** (13.636–38K) is no doubt the same person. Lazy and gluttonous lifestyle: **206** (11.28K).

102. An anxiety-stricken man, τις τῶν συνηθεστάτων νεανίσκων, consults with him about psychological problems in **21** (5.37K); cf. **23** (5.54K) for a similar situation. Protus the rhetor is a "friend," **55** (6.599K) as well as fellow-citizen (ibid. 6.598K); a "companion" suffers from a sensation of wind blowing in his head, **269** (14.251K); Eudemus is a friend who visits Galen regularly, **272** (14.606K); and see passage BB.

Five • Physician and Patient

1. ἀκολούθῳ τινὶ τῶν ἐμῶν; the language is similar to that in passage E, τινι τῶν ἐμῶν, and also passage G, τὸν ἀκόλουθόν μου παῖδα.

2. Cheese: **227** (12.270–71K). Nasal drug: **7** (2.868–69K).

3. I offer rough translations to modern time based on equinoctal hours where sunrise is at 6:00 a.m. and sunset at 6:00 p.m.

4. E.g. patient no. **184** receives morning and evening visits from Galen and from his other physicians (10.673, 674K), and toward the end of his therapy Galen visits once in the morning and once at the eighth hour (1–2 p.m., 678K). The female patient **161** (10.370K) receives an evening visit followed by a morning visit. Galen visits Eudemus around nightfall following his summons (**272,** 14.607K) and visits another patient around nightfall (608K); he also mentions visiting Eudemus twice a day for part of his illness (613K). Eudemus also receives regular visits from his other physicians in the morning (610K). Galen makes once-daily visits to Justus' wife in **276** (14.630–33K). He visits Boethus' wife at least once a day for twenty-two days in **280** (14.645–47K). Dawn: **281** (14.654K); in **282** (14.658K), the emperor's doctors examine him at the first and eighth hours.

5. For the suburban patient, see **217** (11.300–301K). Note also the story of Protus the rhetor, who spends the day with Galen so that Galen can observe his diet, **55** (6.598–601K). On Galen's house, see chapter 2, section on "Houses."

6. Surgery on Maryllus' slave: **5** (2.632–33K), **25** (72–76 De Lacy). Omentum: **8** (3.286–87K). Head: **167–68** (10.452–54K). Venesection, until the patient faints: **182–83** (10.612–14K). Four pounds of blood over four hours: **217** (11.300K). Six pounds: *Cur. ven. sect.* 14 (11.294K). A moderate amount of blood let in his view is three cotyles or about 1.5 pints (*Ven. sect. Eras.* 7, 11.174K); he takes three *litrae* (equal to three cotyles) over three days from a slight woman, **309** (17B.81–82K). On fainting cf. *Ven. sect. Eras.* 7 (11.772K), *Hipp. aph.* 1.23 (17B.445K).

7. For patients with plethoric symptoms, see **69–72** (7.559–60K); **182** (10.610–11K, pulse, exercise neglected, ruddiness, plumpness, a sense of fullness and pressure, pulsation in the head); **192** (10.814K, headache); **211** (11.187–88K, red face, coughing up blood, dyspnea, suppressed menstruation); **212** (11.190K, discontinued exercise, red eyes, red face, dyspnea); **309** (17B.81–82K, suppressed menstruation, prominent veins, dark-colored blood). For full discussion, see Galen's treatise *Plen.* (7.513–83K) and his treatises on venesection, *Cur. ven. sect.* and *Ven. sect. Eras. Rom.* (11.187–316K). Elephantiasis: **237** (12.316K) = **354** (78 Deichgräber); **331** (18A.80K); cf. **24** (5.119K). Penis: **202–203** (10.970K). Tongue, cf. **204** (10.971K). Ophtalmia: **69** (7.558–60K), **217** (11.299–302K), **328** (18A.49K). Any serious disease: *Ven. sect. Eras. Rom.* 5 (11.165–66K).

8. Elbow: **24** (5.119K), **157** (10.334K). Uterus: **211** (11.188–89K). Ankle: *Ven. sect. Eras. Rom.* 3 (11.204K). List: *Ven. Sect. Eras.* 6 (11.169K). Galen's self-performed arteriotomy, **218** (11.314–15K); other examples of arteriotomy, **219–220** (11.315K). Incompetence, **4** (2.395–96K), **157** (10.334–35K).

9. Patients who take pills: **153** (9.219K), **203** (10.971K), **240** (12.385K). Galen makes pills: **240** (12.385K). Galen mixes plasters: e.g. **157** (10.334K), **247** (13.574, 576K), **248** (13.575K), **249** (13.578K), **255** (13.584K). On drug manufacture in antiquity, see Nutton (1985) and Marganne (1997).

10. **172** (10.536–37K); see also **169** (10.472K), **179** (10.551K), **184** (10.678K).

11. See Fagan (1999, 190, 195, 199–204).

12. See also **283** (14.662K, the story of Commodus), **343** (78–80 Iskandar).

13. **133** (8.362K); Galen writes "someone" but probably expected his readers to assume a domestic slave.

14. See also e.g. **56** (6.598, 600–601K), **76** (8.4K).

15. See also e.g. **134–35** (8.374K, sweat) and **182** (10.610, 11K, urine); in **272** (14.611K), Galen asks Eudemus to collect and save his urine for examination. In antiquity, fullers used urine to clean wool.

16. **161** (10.368–71K). In the Hippocratic Corpus, excrement is prescribed therapeutically for women only (von Staden 1992); but in Galen dung and urine are also used on peasants (see chap. 4, n. 56).

17. *Meth. med.* 9.5 (10.620K); *Hipp. 6 epid.* 2.47 (17A.999–1000K), 4.8 (17B.138–39K); *Opt. med. cogn.* 5 (74–76 Iskandar), 14 (136 Iskandar).

18. *Hipp. 6 epid.* 4.8 (17B.136–37K); *Hipp. prog.* 1.2 (18B.3K).

19. *Meth. med.* 1.1 (10.4K); cf. Schlange-Schöningen (2003), 261.

20. **172** (10.538K), **182** (10.613K), **280** (14.643K, to the attendants of Boethus' wife, commanding them to help revive her after her faint), **284** (14.667–68K, ordering a patient's slave to have a bowl ready for an impending nosebleed).

21. The verb is κελεύω. See also **157** (10.334–35K), where a doctor mistakenly cuts the patient's artery instead of a vein; Galen treats the wound, lectures the doctor, and gives him orders regarding the future care of the patient. In **327** (18A.48K), Galen dismisses a patient's other physician after persuading the patient to his course of treatment.

22. With the verb ἐπιτρέπω, **187** (10.687K).

23. **153** (9.218–20K), **154** (9.495–96K), **276** (14.630–33K), **338** (19.2–4K) = **299** (206–10 Wenkebach and Pfaff).

24. Justus' maid: **276** (14.632K). Slave faking illness: **339** (19.4K) = **304** (209 Wenkebach and Pfaff). Chamber pot: **133** (8.362K). Galen describes the advantages to be gained by the careful questioning of servants in *Hipp. 6 epid.* 2.7 (17A.999–1000K) and 4.8 (17B.140K).

25. **195** (10.858–60K); **79** (8.41–42K) may be the same patient or a different patient who also self-medicates with purgative drugs before consulting Galen.

26. On Galen's use of the five senses in diagnosis, cf. Nutton (1993). At a glance: see chap. 3, n. 25. Skin color: **131** (8.355K), **135** (8.374–75K), **182** (10.610K), **211** (11. 188K), **212** (11.190K), **284** (14.667K). Surface irregularities and skin conditions: **11** (4.191K), dry shrivelled genitals; **63** (6.869K), swollen tongue; **116** (8.256K), abscess; **154** (9.495K), bandaged finger; **160** (10.367K), pustules; **206** (11.27K), swollen spleen and inflated abdomen; **209** (11.105K), indurated swelling on thigh; **217** (11.300K), eye inflammation; **244** (13.402K), fistula; **283** (14.662K), red patches in mouth; **339** (19.4K) = **304** (209 Wenkebach and Pfaff), swelling on knee; **344** (86 Iskandar), swollen abdomen. For wounds described in detail see e.g. *Loc. affect.* 5.2 (8.304K), on wounds to the heart, in gladiators; **164** (10.390K), a wound to the hand from a stylus, exposing a nerve or tendon; **167–68** (10.454K), two cases of crushed forehead; **239** (12.322–23K), a wound with nerve or tendon damage; **247** (13.576–78K), wounded finger; **260** (13.600–601K), gladiator wounded in thigh; **334** (18A.401–2K), Galen's own dislocated collarbone. Nose: **121** (8.266K). Mouth: **159** (10.360K), **283** (14.662K).

27. Fistula: **244** (13.403K). On medical instruments see especially Künzl (1983); Bliquez (1994) and (1995); and Cruse (2004, chap. 6). On the instruments lost in 193, περὶ ἀλυπιας 4–5 (Boudon 2007). Catheters: **77** (8.13–14K) and **140** (8.408K). Cupping vessels: **284** (14.665–69K). "Round head of a probe" (πυρήν, cf. Durling 1993 ad verbum), **217** (11.300K).

28. For a recent discussion of the early history of the examination of human wastes (disputing the commonly held view that laboratory medicine began in the sixteenth century), see Diamandopoulos and Goudas (2003, 2005). "Bilious" feces: **68** (7.355K). Galen's excrement: **95** (8.81–82K). Bilious sweat: **135** (8.374K). Organs: e.g. **133** (8.362K), **134** (8.374K), **295** (16.623–24K).

29. Matter coughed up: **75** (8.3K), part of the larynx; **123–25** (8.291K), part of the lung; **126** (8.292K), small sticky pellets; **159** (10.361K), an ἐφελκίς or scab; **160** (10.366K), arterial membrane. Coughing up blood: **122** (8.290–91K), **160–63** (10.366–72K), **310** (17B.117K). Coughing yellow substance: **122** (8.290–91K), **306** (17A.488K). Vomit: **68** (7.355K). Thin, yellow blood: **157** (10.334K). Blood clot on catheter: **140** (8.408K). Oozing wounds: **66** (7.100K), **158** (10.352–53K), **243** (13.390K), **247** (13.574K).

30. E.g. *Dign. puls.* 1 (8.770–71K); *Praes. puls.* 2.8 (9.306K); *Praecog.* 11 (14.660–61K), 14 (14.671K).

31. *Praecog.* 6 (14.632K); **279** (14.640K). Cf. also *Praes. puls.* 1.4 (9.250K) on guilt and the pulse.

32. On temperature and age see chap. 4, section on "Temperament and Constitution." "Biting" (δακνώδης) heat: also **172** (10.537K) and **182** (10.610K). Extremities: **184** (10.674K), "his extremities were chilled and difficult to warm up." Cf. **280** (14.643K). Palpation: e.g. **63** (6.869K), **130** (8.340K), **132** (8.356–57K), **280** (14.644K). Cf. **343** (80 Iskandar), **344** (86 Iskandar).

33. For a full discussion of Galen's system of physiology and Galenic pathology, see Siegel (1968); for a brief introduction, Brain (1986, chap. 1); for a more recent summary, Nutton (2004, chap. 16); and for translation and discussion of some Galenic treatises on disease and causation, Johnston (2006). Johnston translates four Galenic treatises (*Caus. morb., Morb. diff., Sympt. caus.* and *Sympt. diff.*) and discusses Galen's disease categories and views on the causation of disease. He also includes a useful glossary of many Galenic disease-related terms.

34. See especially *Caus. morb., passim.*

35. καρκινώδη ὄγκον: **330** (18A.80K). ἕρπης: **205** (10.1007K). Cf. *Morb. diff.* 12 (6.874–75K), *Caus. morb.* 6 (7.21–23K).

36. Cf. Duden (1991, chap. 1) though her thesis is much more complicated than I imply here.

37. Cf. Kuriyama (1999, chaps. 3–4) and Janzen (2002, chap. 8).

38. For a full introduction to Galenic anatomy and physiology, see Siegel (1968); for a brief summary, Nutton (2004, 230–35); for Galen's theory of the role of dissection in epistemology, Rocca (2003, chap. 2). On vivisection, Grmek (1997, chap. 8). Galen's discoveries are summarized in May (1968, 1.39–43). On Galen's contributions regarding the brain see recently Rocca (2003), summarized in the conclusion (chap. 7).

39. Prometheus: *Usu part.* 10.3 (2.64–65K). On Galentic telleology see Siegel (1973, chap. 1B).

40. Pausanias: **3** (2.343–45K), **84** (8.56–59K), **110** (8.213–14K), **347** (106–8 Iskandar). Marylus' slave: **5** (2.632–33K), **25** (72–76 De Lacy).

41. Bodily excretions reveal the state of internal organs, most notably in the case of Glaucon's friend, **133** (8.362–63K): "As we first entered someone encountered us who was carrying a bedpan from the bedroom to the toilet, containing a thin bloody serum similar to the juice of

freshly slaughtered meat, which is a sure sign of a diseased liver." See also **135** (8.374–75K) and **294** (16.623K). On the pulse: for an eloquent discussion, see Kuriyama (1999, chap. 1).

42. Parts and organs: e.g. **8** (3.286–87K), a gladiator whose omentum protrudes from a wound in the abdomen; **9** (3.664K), a wound to the anterior ventricles of the brain; **76** (8.4K), a man is wounded in the perineum and suffers a pierced bladder; **165** (10.398–401K), a wounded nerve or tendon; **239** (12.322–23K), another wounded nerve or tendon; **247** (13.574, 576–78K), a wound to the first joint of the middle finger of the right hand; **260** (13.599–600K), on treating gladiators with wounds to the anterior tendons of the thigh. See also *Loc. affect.* 5.2 (8.304K), on wounds to the ventricles of the heart. Inflammation and putrefaction of wounds: e.g. **5** (2.632–33K), **77** (8.13–14K), **165** (10.398K), **247** (13.574K), **250** (13.581–82K). Nerve and spinal cord damage: especially **80–94** (8.50–65K).

43. On Galen's ideas of disease, see recently Johnston (2006), who also translates four general treatises on diseases and symptoms. See also Siegel (1968, part IV) for Galenic pathology and 273–79 on fever; also Brain (1986, 10–13) on fever. Galen's treatises on fever are *Febr. diff., Cris., Morb. temp., Tot. morb. temp., Typ.,* and *Typ. scrips.* On the causes of fever, see also *Caus. morb.* 2 (7.2–10K).

44. Female fever patients: **67** (7.328–29K), **155** (9.675–77K, perhaps the same patient), **186** (10.687K), **213** (11.190–91K). Child, **283** (14.661–65K, Commodus). Anxiety, **279** (14.637K), **283** (14.663K).

45. Galen's words in Greek are πυρέττω, "to have a fever," and πυρετός, "fever." Disease rather than symptom: see Siegel (1968), 273–75. Fever (rather, "fevers") seem to be a symptom among others in **141** (8.410K): "someone suffered first from frequent pain in the region of the kidneys, and irregular chills and minor shivering fits with fevers." However, fever (πυρετός) is distinguished from heat (θερμότης) in **279** (14.637K): "out of fear, you believed that the heat was fever." καῦμα refers to heat (a symptom) rather than fever in **182** (10.611K) and elsewhere.

46. ὁ μὲν οὖν ἐλεύθερος τὸν χωρὶς σήψεως ἐπύρεξε σύνοχον, ὁ δὲ δοῦλος τὸν μετὰ σήψεως, **182–83** (10.608K).

47. Delirium: **13** (4.446–48K), **96** (8.132K), **112** (8.226–27K), **213** (11.190–91K). Diagnosis by pulse: **127** (8.293–95K), **153** (9.218K), **206** (11.28K), **272** (14.607K), **279** (14.637K).

48. εἰσβάλλω, εἰσβολή and καταβολή: **67** (7.329K), **68** (7.357K), **156** (9.683K), **172** (10.540K), **184** (10.674K), **273** (14.624K), **281** (14.654K), **283** (14.661K). The word περίοδος, "fit" (suggesting a cyclical or recurrent event) is used in *Praecog.* **272** (14.608K). ἁλίσκομαι: **184** (10.671, 674K), **186** (10.687K), **332** (18A.81K). "Fevers": **67** (7.329K), **141–42** (8.410K), **306** (17A.488K).

49. See also **67** (7.328–29K), a female patient; **155** (9.675–77K), perhaps the same female patient; **156** (9.680–83K); **182–83** (10.608–15K); and **184** (10.671–78K), very dramatic.

50. Notably **185** (10.682K) and **343** (78–80 Iskandar).

51. Cases of epilepsy: **49** (6.448–49K), **102–103** (8.194K), **130** (8.340–41K), **216** (11.241–42K), **225** (11.859–60K). Three of these cases describe the same patient, Diodorus the Grammarian.

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